

**EMERGENCY MEDICAL SERVICES AUTHORITY**

11120 INTERNATIONAL DRIVE SUITE 200  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 324-2875



August 30, 2023

Chad Braner, EMS Administrator  
Stanislaus County EMS Agency  
3705 Oakdale Road  
Modesto, CA 95357

Dear Mr. Braner,

This letter is in response to Stanislaus County Emergency Medical Services (EMS) Agency's 2022 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI) plan submissions to the EMS Authority on January 26, 2023.

The EMS Authority has reviewed the EMS plan based on compliance with statutes, regulations, and case law. It has been determined that the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on the transportation documentation provided, please find enclosed the ground exclusive operating area status, compiled by the EMS Authority.

The EMS Authority has also reviewed the Trauma, STEMI, Stroke, and QI plans based on compliance with Chapters 7, 7.1, 7.2, and 12 of the California Code of Regulations, Title 22, Division 9, and has been approved for implementation.

Per HSC § 1797.254, EMS Plans must be submitted to the EMS Authority annually. Stanislaus EMS Agency will only be considered current if an EMS Plan is submitted each year.

Your 2023 EMS plan will be due on or before August 30, 2024. Concurrently with the EMS plan, please submit an annual Trauma, STEMI, Stroke, and QI plan.

If you have any questions regarding the EMS Plan review, please contact Mr. Mark Olivas, Interim EMS Plans Coordinator, at (916) 204-7885 or [mark.olivas@emsa.ca.gov](mailto:mark.olivas@emsa.ca.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "Tom McGinnis", enclosed in a blue oval.

Tom McGinnis  
Chief, EMS Systems Division

Enclosure:  
AW: rd





**Stanislaus County Sheriff's Office  
Emergency Services Division**

**Richard Murdock  
Chief of Emergency Services**

**Chad R. Braner  
Director, Stanislaus EMS Agency**

3705 Oakdale Rd, Modesto, CA 95357  
Phone: 209.552.3600 Fax 209.552.2512

**January 30, 2023**

Elizabeth Basnett, Interim Director  
Emergency Medical Services Authority  
10901 Gold Center Drive, Suite 400  
Rancho Cordova, CA 95670

Dear Ms. Basnett:

Please see the attached annual report to the 2022 Stanislaus County Emergency Medical Services (EMS) Plan, the 2022 Trauma System Annual Report, the 2022 Annual Quality Improvement Program (QIP), 2022 STEMI Critical Care System Annual Report, and the 2022 Stroke Critical Care System Annual Report. These are submitted in accordance with *Health and Safety Code Sections 1797.103 and 1797.250 – 1797.258 and Title 22, Division 9, Chapter 7.1, STEMI Critical Care System, Chapter 7.2, Stroke Critical Care System and Chapter 12, EMS System Quality Improvement.*

**EMS Plan Annual Report**

**Form 1: EMS Plan System Assessment Summary**

**A. System Organization and Management**

1.01 - Organizational Structure

- Stanislaus County EMS is working on developing organizational structure to meet minimum guidelines

1.03 – Employment of Medical Director

- Contract established with Kaiser Permanente for Dr. Kann as Stanislaus County EMS Agency Medical Director. Dr. Kann provides an amount of time not to exceed 40 hours per month.

1.05 – Expert Consultation

- Stanislaus County has contracted with two subject matter experts regarding CEMISIS/NEMISIS data and Trauma Systems of Care

1.07 – Establishment of Policies, Procedures, Protocols

- Stanislaus County EMS adopted all MVEMSA policies in July 1, 2022. Stanislaus EMS is in the process of re-evaluating, re-formatting, and updating all policies during the 2023 year.

## **B. Manpower and Training**

### 2.04 – EMT & AEMT Certification Reporting to National Practitioners Database

- Stanislaus County EMS Agency has contracted with ImageTrend as registry for EMT application/certification process

### 2.05 – Paramedic Accreditation

- Stanislaus County EMS Agency has contracted with ImageTrend as registry for Paramedic and F-Paramedic application/accreditation process

### 2.06 – RN and MICN Standards

- Stanislaus County EMS is developing new curriculum for MICN training program for 2023

### 2.08 – EMT Training Course Challenge

- Stanislaus County EMS Agency will be working on a process for course challenge of an EMT training program. Objective is to have this standard met by 7/1/2023.

### 2.13 - Critical Care Paramedic Training & Accreditation

- No CCP training/accreditation program currently in Stanislaus County. Stanislaus County EMS has met and discussed a future paramedic training program for Modesto Jr. College

## **C. Communications**

### 3.04 – EMD Certification

- Stanislaus County is a new LEMSA, effective July 1, 2022. Prior EMS Agency (MVEMSA) did not process EMD certification through EMS Agency. Stanislaus County is developing EMD certification policy and has purchased certification application module through ImageTrend. Objective will be met by 12/31/2023.

## **D. Response and Transportation**

### 4.07 - Creation of Exclusive Operating Area and Approval

- RFP/Contract for AMR's EOA terms 12/31/2024. Stanislaus County is beginning the development of creating RFP to hire consultant for 911 ambulance RFP.

## **E. Assessment of Hospitals and Critical Care Centers**

- No changes

## **F. Data Collection and Evaluation**

### 6.01 - Data Management System Compliance with CEMISIS/NEMISIS

- Compliance and validation of CEMISIS/NEMISIS will be managed by contractor, Mark Roberts.

### 6.04 - Electronic Patient Health Information Exchange

- Not implemented in Stanislaus County. No immediate plans to implement

### 6.05 – Prehospital EMS and Specialty Care Data through CEMISIS/NEMISIS

- AMR will be switching from MEDS ePCR platform to ImageTrend by end of June, 2023. Specialty Care Centers will be providing data to Stanislaus County EMS Agency through ImageTrend patient registry.

#### 6.09 – Ambulance Patient Offload Times

- Updated APOT time from 30-minute benchmark set by prior EMS Agency (MVEMSA) to 20 minutes offload time to be consistent with State reporting requirements.

#### 6.10 – Data Collection from Specialty Care Centers

- Stanislaus County EMS Agency official start date was July 1, 2022. We have purchased the specialty care center package through ImageTrend and have not transferred specialty care centers data yet. New EMS Coordinator started on 10/10/22 and his responsibilities will be to have the data transferred from specialty care centers into ImageTrend by 6/31/2023.

### **G. Public Information and Education**

#### 7.01 – Public Information Improvement

- As a new agency, we are limited on staffing to establish PI&E. Received approval to hire EMS Education Coordinator by midyear 2023FY. Standard should be met by 12/31/2023.

#### 7.02 – Program for Public Awareness of EMS System

- Same as 7.01

#### 7.03 - Public Training on First Aid, Bleeding Control and CPR

- Same as 7.01

#### 7.04 – Public Education on Injury and Illness Prevention

- Same as 7.01

#### 7.05 – Public Training and Education on Disaster Preparedness

- Same as 7.01

### **H. Disaster Medical Response**

#### 8.11 – Hospital Evacuation

- Unable to confirm at this time if hospitals have or participate in hospital evacuation plan therefore it is marked as “does not meet.” Stanislaus County EMS Agency will update on next annual plan update.

#### 8.12 Increase in Prehospital EMS Needs

- Stanislaus County EMS Agency is planning to apply to provide Community Care Paramedic services and transport to alternate destination for behavioral health patients in CY2023.

Appendixes Included:

**Appendix A: Stanislaus County Trauma System Plan**

**Appendix B: Stanislaus County Quality Improvement Program Plan**

**Appendix C: Stanislaus County STEMI Critical Care System Plan**

**Appendix D: Stanislaus County Stroke Critical Care System Plan**

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**Richard Murdock**  
Chief of Emergency Services

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**Chad Braner**  
EMS Director

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



A. SYSTEM ORGANIZATION AND MANAGEMENT	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
1.01 Organizational Structure		X	Stanislaus County EMS Agency was implemented on July 1, 2022, by the Stan. Co BOS. Stanislaus County EMS is working on the organizational structure to meet the minimum standards.
1.02 EMS Administration Budget	X		
1.03 Employment of Medical Director	X		Establish contract with Kaiser Permanente for Dr. Kann as SCEMSA MD. Dr. Kann provides an amount of time not to exceed 40 hours per month.
1.04 Medical Control	X		
1.05 Expert Consultation	X		Stanislaus County EMS has contracted with CEMSIS/NEMSIS expert and Trauma Systems of Care expert to assist in the implementation of Stan Co EMS.
1.06 Public Input on Plans, Policies, Procedures	X		
1.07 Establishment of Policies, Procedures, Protocols	X		Stanislaus County EMS adopted all MVEMSA policies in July 1, 2022. Stanislaus EMS is in the process of re-evaluating, re-formatting, and updating all policies during the 2023 year.
1.08 Availability of Policies, Procedures, Protocols	X		
B. MANPOWER AND TRAINING	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.01 EMT & AEMT Certification in Central EMT Registry	X		There are no AEMT courses in Stanislaus County

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



B. MANPOWER AND TRAINING (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.02 EMT & AEMT Discipline	X		
2.03 EMT & AEMT Certification Status	X		
2.04 EMT & AEMT Certification Reporting to National Practitioners Database	X		Stanislaus County EMS has contracted with ImageTrend as registry for EMT certification process
2.05 Paramedic Accreditation	X		Stanislaus County EMS has contracted with ImageTrend as registry for Paramedic and F-Paramedic certification process
2.06 RN & MICN Standards	X		Stanislaus County EMS is developing new curriculum for MICN training program
2.07 EMT, AEMT, Paramedic Training Program Compliance	X		
2.08 EMT Training Course Challenge		X	Working on developing a process for course challenge of an EMT training program. Objective to have this standard met by 7/1/2023.
2.09 EMS Provider Reporting of EMT & AEMT Actions or Omissions	X		
2.10 Reporting of Paramedic Actions or Omissions	X		

**FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY**



B. MANPOWER AND TRAINING (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.11 Suspension of Paramedic License	X		Process established to submit TSO to State
2.12 Prophylactic Medical Treatment for Public Safety Personnel, Lifeguards, EMTs, AEMTs, & Paramedics	X		
2.13 Critical Care Paramedic Training & Accreditation		X	No CCP training/accreditation in Stanislaus County
2.14 Training Standards for EMTs & Paramedics Managing Complex Patients	X		
2.15 Procedures for Management of Complex Patients	X		
C. COMMUNICATIONS	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
3.01 Review and Approval of Medical Dispatch Centers	X		AMR owned Valley Regional Emergency Communications Center is EMS dispatch
3.02 City and Fire District Dispatch	X		Fire dispatched from Turlock City PD PSAP and SR911 PSAP. Evaluating opportunity to integrate EMS dispatch into County dispatch center.
3.03 Medical Dispatch Center Protocols	X		

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



C. COMMUNICATIONS (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
3.04 EMD Certification		X	Stanislaus County is a new LEMSA, effective July 1, 2022, prior EMS Agency (MVEMSA) did not process EMD certification through EMS Agency. Stanislaus County is developing EMD certification policy and has purchased certification application module through ImageTrend.
3.05 Medical Communication System Plan	X		
3.06 Emergency System for Inter-hospital Communication	X		
D. RESPONSE AND TRANSPORTATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
4.01 Primary Response Area	X		
4.02 Provider Selection	X		
4.03 Authorization of Advanced EMT & Paramedic Service Providers	X		Paramedic only. No AEMT in Stanislaus County
4.04 Advanced Life Support Provider Application	X		
4.05 Response Time Standards	X		
4.06 System Status Management	X		

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



4.07 Creation of Exclusive Operating Area and Approval	X		RFP/Contract for AMR terms 12/31/2024
<b>E. ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS</b>	<b>Minimum Standard</b>		<b>Objective</b> If standard not met, explain how and when standard will be met.
	<b>Meets</b>	<b>Does Not Meet</b>	
5.01 Hospital and Health Facility Designation	X		
5.02 Acute Care Facility Assessment and Specialty Care System Development	X		
5.03 Patient Safety and Non-Permit Facility in Rural Area	X		
5.04 Critical Care System	X		Evaluating new model/best practices for Trauma Advisory Committee (TAC) meetings.
<b>F. DATA COLLECTION AND EVALUATION</b>	<b>Minimum Standard</b>		<b>Objective</b> If standard not met, explain how and when standard will be met.
	<b>Meets</b>	<b>Does Not Meet</b>	
6.01 Data Management System Compliancy with CEMSIS/NEMSIS	X		Contracted with Mark Roberts to monitor compliance and validation of CEMSIS/NEMSIS data
6.02 Electronic Health Record Data	X		
6.03 Integrated Data Management System using CEMSIS/NEMSIS	X		Contracted with Mark Roberts to monitor integration of CEMSIS/NEMSIS data

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



6.04 Electronic Patient Health Information Exchange		X	Not implemented in Stanislaus County. No future plans to implement.
<b>F. DATA COLLECTION AND EVALUATION (cont.)</b>	<b>Minimum Standard</b>		<b>Objective</b> If standard not met, explain how and when standard will be met.
	<b>Meets</b>	<b>Does Not Meet</b>	
6.05 Prehospital EMS and Specialty Care Data through CEMIS/NEMIS	X		AMR will be switching from MEDS ePCR platform to ImageTrend by end of June 2023. Specialty care centers will be providing data to SCEMSA through ImageTrend patient registry
6.06 EMS QA/QI Program	X		Hired new QA/QI program coordinator. Working to develop new standards for Stanislaus County's QI program.
6.07 EMS Service Provider QI Program	X		
6.08 EMS Quality Core Measures	X		
6.09 Ambulance Patient Offload Times	X		Updated APOT time from 30 minute (set by prior EMS Agency – MVEMSA) to 20 minutes offload time in order to be consistent with State reporting requirements.
6.10 Data Collection from Specialty Care Centers		X	Stanislaus County EMS Agency official start date was July 1, 2022. We have purchased the specialty center package through ImageTrend and have not transferred specialty center data yet. Hired new EMS Coordinator who started on 10/10/22. His responsibility is to have data transferred from specialty centers into ImageTrend. Plan on being fully operational by 6/31/2023.
<b>G. PUBLIC INFORMATION AND EDUCATION</b>	<b>Minimum Standard</b>		<b>Objective</b> If standard not met, explain how and when standard will be met.
	<b>Meets</b>	<b>Does Not Meet</b>	
7.01 Public Information Improvement		X	As a new agency (July 1, 2022), we are limited on staffing and manpower to establish PI&E. Received approval to hire EMS Education Coordinator by mid-year 2023FY. Standard should be met by December 31, 2023.

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



7.02 Program for Public Awareness of EMS System		X	Same explanation as written in 7.01
7.03 Public Training on First Aid, Bleeding Control, CPR		X	Same explanation as written in 7.01
<b>G. PUBLIC INFORMATION AND EDUCATION (cont.)</b>	<b>Minimum Standard</b>		<b>Objective</b> If standard not met, explain how and when standard will be met.
	<b>Meets</b>	<b>Does Not Meet</b>	
7.04 Public Education on Injury and Illness Prevention		X	Same explanation as written in 7.01
7.05 Public Training and Education on Disaster Preparedness		X	Same explanation as written in 7.01
<b>H. DISASTER MEDICAL RESPONSE</b>	<b>Minimum Standard</b>		<b>Objective</b> If standard not met, explain how and when standard will be met.
	<b>Meets</b>	<b>Does Not Meet</b>	
8.01 Multi-Casualty Response Plans Using ICS/SEMS	X		
8.02 Medical Response Plans	X		
8.03 Distribution of Disaster Casualties	X		
8.04 MHOAC Coordinator	X		

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



8.05 Situation Status Reporting & Communication of Emergency Requests	X		
8.06 Identification of EMS Resources	X		
8.07 Medical Mutual Aid Agreements	X		
<b>H. DISASTER MEDICAL RESPONSE (cont.)</b>	<b>Minimum Standard</b>		<b>Objective</b> If standard not met, explain how and when standard will be met.
	<b>Meets</b>	<b>Does Not Meet</b>	
8.08 Disaster Medical Training of EMTs & Paramedics	X		
8.9 Integration of Hospitals' Disaster Emergency Plan	X		
8.10 Development of Medical & Health Disaster Plan	X		
8.11 Hospital Evacuation		X	We are unable to confirm at this time, therefore it is marked as "does not meet." Stanislaus County EMS Agency will update on next plan.
8.12 Increase in Prehospital EMS Needs		X	Stanislaus County EMS Agency is planning to apply to provide Community Care Paramedic services and transport to alternate destination for behavioral health patients.
8.13 Specialty Care Center Role in Disasters	X		

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



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8.14 Mutual Aid Requests in EOA Areas	X		
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Date: 07.01.2022

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Stanislaus County EMS Agency

**Area or Subarea (Zone) Name or Title:**

Zone 1

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

**American Medical Response (AMR)**

911 Emergency Medical Services, Inc. and Doctors Ambulance provided emergency ambulance services without interruption from 1958 through 1994.

AMR became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger which left 911 EMS Inc technically intact but with AMR as the lead company.

Stanislaus County ended the grandfather clause by implementing an RFP process on Feb. 5, 2019. The RFP for 9-1-1 Emergency Ambulance with ALS and BLS transport was awarded to AMR on June 25, 2019.

**Area or Subarea (Zone) Geographic Description:**

Zone 1 is in north central Stanislaus County encircling the City of Modesto. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at a point directly north of Oakdale Road on the border of Stanislaus county adjacent to San Joaquin County northwest of the City of Riverbank, the line proceeds west southwesterly along the county line to the confluence of the San Joaquin River and the Tuolumne river; southeasterly along the Tuolumne River and continuing east northeasterly along the Tuolumne River to a point south of Goodwin Road; northerly to Yosemite Blvd; westerly along Yosemite Blvd to Wellsford Road; northerly along Wellsford Road to Milnes Road; northwesterly along Santa Fe tracks to Claribel Road; westerly along Claribel Road to Oakdale Road; then northerly along Oakdale Road to the Stanislaus County line adjacent to San Joaquin County northwest of the City of Riverbank at a point directly north of Oakdale Road.

DEMOGRAPHIC ZONE  
GRID DESCRIPTIONS

URBAN

D441 - 0442, D541 - D544, D641 - 0644, E134- EI46, E234 - E251, E333 - E351, E432 - E452, E536- E553, E635 - E646, E652, F135 - F142, F144 - FI 46, F235, F241 - F242

SUBURBAN

D443-D444, D536, D633 - D636, E133, E232 - E233, E331 - E332, E352, E431, E531 - E535, E453 E634, E653 - E654, FI34, F234,

RURAL

D533 - 0535, D626 - D632, EI26- E132, E225 -E231, E326, E426, E526, E353, E626 - E633, E651, F126 - F133, F151 -F152, F231 - F233, F 331 - F334, F432

WILDERNESS

D341 - 0343, D432-D433, D435 - D436, D532, E124 - E125, E222- E224, E322- E325, E422- E425, E522- E525, E622  
- E625, F124 - F125, F225 - F226

**Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):**

Include intent of local EMS agency and board action.

**Exclusive / Competitive Process**

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

**Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

**Method to achieve exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

9-1-1 Emergency Medical Services, Inc. and Doctors Ambulance of Modesto were "Grandfathered" into Zone One as providers of emergency ground ambulance services pursuant to a shared ambulance provider agreement for Zone One with an agreement start date of July 1, 1992. 911 Emergency Medical Services, Inc. has provided uninterrupted emergency ground ambulance services in this zone since 1958. The company provided Advanced Life Support ambulance services from 1973 to the present. Doctors Ambulance Company of Modesto began providing emergency ground ambulance service in Zone One in 1970 and began providing ALS ambulance services in 1973. Doctors Ambulance Company was dissolved as a corporate entity in July of 1995 and pursuant to the Zone One ambulance agreement, which agreement reverted entirely to American Medical Response. American Medical Response absorbed the corporate entity, "911 Emergency Medical Services, Inc.," in September 1994, and has provided ALS ambulance services in Zone One through the present. The provision of ALS, and BLS emergency and non-emergency service has been solely provided by American Medical Response, and the companies which they purchased. The provision of IFT's has been provided by American Medical Response, and the companies which they purchased.

Date: 07.01.2022

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Stanislaus County EMS Agency

**Area or Subarea (Zone) Name or Title:**

Zone 3

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

**American Medical Response (AMR)**

911 Emergency Medical Services, Inc. and Doctors Ambulance provided emergency ambulance services without interruption from 1958 through 1994.

AMR became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger which left 911 EMS Inc technically intact but with AMR as the lead company.

Stanislaus County ended the grandfather clause by implementing an RFP process on Feb. 5, 2019. The RFP for 9-1-1 Emergency Ambulance with ALS and BLS transport was awarded to AMR on June 25, 2019.

**Area or subarea (Zone) Geographic Description:**

Zone 3 is in the central area of Stanislaus County encircling the City of Ceres. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at Carpenter and Taylor Roads; then easterly on Taylor Road to Moffet Road; then northerly on Moffett Road to Keyes Road; then easterly on Keyes Road to Washington Road ; then northerly on Washington Road to Service Road; then westerly on Service Road to Faith Home Road; then northerly on Faith Home Road to the Tuolumne River; then westerly along the Tuolumne River to a point just northwest of Broyle Road; then south to Grayson Road; then easterly on Grayson Road to Laird Road; then southerly on Laird Road to Keyes Road; then easterly on Keyes Road to Carpenter Road; then southerly on Carpenter Road to Taylor Road.

DEMOGRAPHIC ZONE  
GRID DESCRIPTIONS

URBAN

E642-E643, FI36, F142-FI46, F235-F246, F341-F346, F442-F451, F542-F551

**SUBURBAN**

F335-F336, F436-F441, F541, F642-F645, G145

**RURAL**

F332 - F334, F432 - F435, F532 - F536, F641

**Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):**

Include intent of local EMS agency and board action.

**Exclusive / Competitive Process**

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

**Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

**Method to achieve exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

911 Emergency Medical Services, Inc. was "Grandfathered" into Zone Three as a provider of emergency ground ambulance services pursuant to an agreement with a start date of July 1, 1992. 911 Emergency Medical Services, Inc. provided uninterrupted emergency ground ambulance services in this zone since 1972. 911 Emergency Medical Services, Inc. has provided Advanced Life Support ambulance services from 1973 to the present. American Medical Response absorbed the corporate entity, "911 Emergency Medical Services, Inc.," in September, 1994, and has provided ALS ambulance services in Zone Three through the present.

Date: 07.01.2022

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Stanislaus County EMS Agency

**Area or Subarea (Zone) Name or Title:**

Zone 4

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The current provider of emergency ground ambulance services in this zone is Oak Valley Hospital District, dba Oak Valley Ambulance. This provider has provided emergency ambulance services without interruption since 1973.

**Area or Subarea (Zone) Geographic Description:**

Zone 4 is in the northern apex of the Stanislaus County encircling the City of Oakdale.

Commencing on the border of Stanislaus County at the apex adjacent to Amador County and San Joaquin County; the line proceeds southerly and then westerly along the Stanislaus and San Joaquin borders to a point just northwest of the City of Riverbank; then proceeding southerly along Oakdale Road; then easterly along Claribel Road; then southeasterly along the Santa Fe tracks to Milnes Road; then east along Milnes Road to Crow Road; then north along Crow Road to Clarabel Road; then easterly along Claribel Road to Tim Bell Road; then northeasterly along Tim Bell Road to Warnerville Road; then easterly along Warnerville Road/Cooperstown Road to the border of Stanislaus County to the apex adjacent to Amador and San Joaquin County.

DEMOGRAPHIC ZONE GRID  
DESCRIPTIONS

URBAN

C551, C651 - C652, D151-DI64, D251 - D263, D351- D361, D445-D461, D545-D552, D561, D645- D652, EI46-EI51, E251

SUBURBAN

C451, C552, C653 - C665, D165, D264, D362- D363, D462, D553 - D556, D562, D653, D661,

EI

RURAL

CI51 - CI 53, C251 - C253, C351 - C353, C452-C456, C471 - C472, C553- C573, C666- C672, D166,D265, D364, D463, D563 D654-D656, D662,

E153 - E161, E253-E261

**WILDERNESS**

A051, A1 51-A152 , A251 - A253, A351 - A354, A451- A455 , A551 -A556, A651 - A656, B151-B161, B251-B262, B351-B364, B451-B464, B551-B565, B651-B666, C154-C166, C254 - C271, C354-C372 , C461  
- C466, C473, C574, C673-C675, DI 71-DI 76, D266-D281, D365-D383, D464-D483, D564-D582, D 663 -0 671, 0675

**Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):**

Include intent of local EMS agency and board action.

**Exclusive / Non-Competitive**

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

**Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

**Method to achieve exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Provider was "Grandfathered." Del Puerto Health Care District provided uninterrupted service and no change in manner and scope since before January 1, 1981 as shown below:

Oak Valley Hospital District was "Grandfathered" into Zone Four as a provider of emergency ground ambulance services pursuant to an agreement with a start date of January 1, 1993. Oak Valley District Hospital has provided Advanced Life Support ambulance service from 1975 to the present.

Date: 07.01.2022

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Stanislaus County EMS Agency

**Area or Subarea (Zone) Name or Title:**

Zone 5

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Del Puerto Health Care District has provided Paramedic level emergency ground services since 1978.

**Area or Subarea (Zone) Geographic Description:**

Zone 5 is in northwestern Stanislaus County encircling the City of Patterson. It is depicted on the map that follows this AZF and is specifically described as follows:

Commencing on the border of Stanislaus County adjacent to San Joaquin County at the San Joaquin River, the line proceeds southwesterly along the county line; then southerly along the county line approximately 3 miles southeast of the point where Del Puerto Canyon Road leaves the county; then easterly to a point on Highway 33 at Anderson Road; then northwesterly along Highway 33 to J.T Crow Road; then northeasterly along J.T. Crow Road/L.B. Crow Road to the San Joaquin River; then northerly along the San Joaquin River to Carpenter Road; then northerly along Carpenter Road to Monte Vista Avenue; then westerly along Monte Vista Avenue to Jennings Road; southerly along Jennings Road to West Main; westerly along West Main to the San Joaquin River; northerly along the San Joaquin River to Del Puerto Creek; from Del Puerto Creek to the juncture of Keyes Road and Laird Road; northerly along Laird Road to Grayson Road; westerly on Grayson Road to a point west of Broyle Road; northerly to the Tuolumne River; northwesterly along the Tuolumne River to its confluence with the San Joaquin River; then northwesterly along the San Joaquin River to the County line.

DEMOGRAPHIC ZONE GRJD  
DESCRIPTION

URBAN

G331 - G332, G426-G434, G525-G533, G625 - G633, H133

SUBURBAN

G226 - G232, G326, G333 - G334, G425, G435, G524, G534, G624, G634, H125 - HI 32, H134, H233

**RURAL**

E615 - E622, F115 - F122, F213 - F222, F231, F314-F322, F33 I - F332, F415-F432, F515 - F532, F615-F632,G122- G132, G223- G225, G233 -G236, G323 - G325, G335 - G336, G423 - G424, G436, G523, G535 - G536, G623, G635-G641, H 124, HI35 - H I4 1, H225 - H232, H234- H242, H333-H342 , H416 - H421, H433 - H442, H533 - H541, H634 - H636

**WILDERNESS**

E416 - E421, ES15 - E522, E614,E623 - E624, FI 13 - FI 14, FI 23 - F125, F212 , F223 - F226, F311-F313, F323- F326, F410-F414, F509-F514, F608-F614, G107-G121, G206- G222, G305-G322, G404-G422, G505 - G522, G605-G622, H106- H123, H205 - H224, H305 - H332, H406- H432, H508-H532 , H608 - H633

**Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):**

Include intent of local EMS agency and board action.

**Exclusive / Non-Competitive**

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of the ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Stanislaus County Board of Supervisors at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (also shown on the map).

**Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

**Method to achieve exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Provider was "Grandfathered." Del Puerto Health Care District provided uninterrupted service and no change in manner and scope since before January 1, 1981 as shown below:

In 1973, Del Puerto Health Care District took over operation of emergency ground ambulance services and was staffed at the EMT level. In 1978, their medical scope of

practice changed to Paramedic. Del Puerto Healthcare District has been the sole provider of ALS and BLS services in Zone 5. IFTs were provided by Del Puerto Healthcare District until such time that the hospital located within Zone 5 was closed. On January 1, 1980, Del Puerto Health Care District contracted with Memorial Hospital Association (M.M.H.) of Modesto to provide emergency ground ambulance services at the Paramedic level. A copy of that contract indicates that although day to day operations were provided by M.M.H., Del Puerto Health Care District remained responsible for policy level decisions. In 1986, the Del Puerto Health Care District resumed operating its own ambulance (Patterson District Ambulance) for emergency ground ambulance services at the Paramedic level which has continued to the present. The emergency response system is activated through 9-1-1 Emergency Response.

Date: 07.01.2022

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Stanislaus County EMS Agency

**Area or Subarea (Zone) Name or Title:**

Zone 8

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

**American Medical Response (AMR)**

Turlock Ambulance Service, Inc {TAS} provided service without interruption from 1964 through October 1995, when AMR absorbed TAS as a corporate entity. AMR has provided emergency ground ambulance services since October 1995.

Stanislaus County ended the grandfather clause by implementing an RFP process on Feb. 5, 2019. The RFP for 9-1-1 Emergency Ambulance with ALS and BLS transport was awarded to AMR on June 25, 2019.

**Area or subarea (Zone) Geographic Description:**

Zone 8 is in the south-central area of Stanislaus County encircling the City of Turlock. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing on the border of Stanislaus County adjacent to Merced County where the San Joaquin River enters the County; then northeasterly along the County line to a point where Keyes Road exits the County; then westerly along Keyes Road to Hickman Road; then northerly along Hickman Road to Whitmore Road; then westerly along Whitmore Road to a point just east of Downie Road; then southerly to a point east of Service Road; then westerly along Service Road to Waring Road; then southerly along Waring Road to Keyes Road; then westerly along Keyes Road to Mountain View Road; then northerly along Mountain View Road to Grayson Road; then westerly along Grayson Road to Washington Road; then southerly along Washington Road to Keyes Road; then westerly along Keyes Road to Moffet Road; then southerly along Moffet Road to Taylor Road; then westerly along Taylor Road to Crows Landing Road; then southerly along Crows Landing Road to the San Joaquin River; then southerly along the San Joaquin River to the County line.

DEMOGRAPHIC ZONE  
GRID DESCRIPTIONS

URBAN

F552, F646-F653, F661, G152- 0162, G252-G261, G352-G361, G451 -G461, G552 - 0556, G652- 0656

SUBURBAN

F461 - F462, F561 - F562, F645, F654 - F656, F662, G143 - G151, G163, 0243 - G251, G262, 0343 - 0351, 0362, G443 - G446, G462, G544- 0551, 0561, 0644 - G651, HI44-H154

RURAL

F363, F463, F563, F663 - F666, GI64 - GI71, G263- G266, G363 - 0365, 0463, G542 - 0543, G 642 - G643, HI42 - HI 43, H242 - H245, H25 I, H344 - H345

WILDERNESS

F671 - F676, G172 - G174, G271 - G272 G366, G464, G562, H246, H252, H342 - H343, H346, H442 - H444

**Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):**

Include intent of local EMS agency and board action.

**Exclusive / Competitive Process**

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

**Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

**Method to achieve exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area

modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Turlock Ambulance Service, Inc. was "Grandfathered" into Zone Eight as a provider of emergency ground ambulance services pursuant to an agreement with a start date of September 1, 1992. Turlock Ambulance Service, Inc. provided Advanced Life Support ambulance services from 1973 to October of 1995. American Medical Response absorbed the corporate entity, "Turlock Ambulance Service" in October 1995, and continues to provide ambulance services in Zone Eight to the present.

Date: 07.01.2022

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Stanislaus County EMS Agency

**Area or Subarea (Zone) Name or Title:**

Zone A

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The current provider of emergency ground ambulance services in this zone is West Side District Ambulance. This provider has provided emergency ambulance services without interruption since 1985.

**Area or subarea (Zone) Geographic Description:**

Zone A is generally the extreme southwestern portion of Stanislaus County, including the City of Newman, and is specifically described as follows:

Commencing at the point where Del Puerto Canyon Road leaves the County, east to a point on Highway 33 at Anderson Road, northwesterly along Highway 33 to JT Crow Road, then northeast along JT Crow Road/LB Crow Road to the San Joaquin River, then southeasterly along the river to the Merced County line, then southwesterly along the Stanislaus/Merced County line to the intersection of the Santa Clara County line, then generally northwesterly along the Santa Clara County line to the point where Del Puerto Canyon Road leaves the County.

DEMOGRAPHIC ZONE GRID  
DESCRIPTIONS

URBAN

I144, 1336 - 1342, 1436-1442,

SUBURBAN

1236 - 1242, 1335, 1343, 1435, 1536 - 1541,

RURAL

H342, H441 - H442, H536 - H542, H635 - H644, I134 - I142, 1233 - 1235, 1243, 1333 - 1334, 1434, 1535, 1635 - 1636,

WILDERNESS

H443, H543, I108 - I133, 1208 - 1232, 1244, 1309-1332, 1408-1433, 1506- 1534, 1606-1634, 1106-1135, 1206-

1234, 1306-1333, 1407 -1432, 1508 -1531, 1608 -1626, K109-K125, K209- K210, K212- K214, K 216- K224, K309 - K310, K321 - K323, K422

**Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):**

Include intent of local EMS agency and board action.

**Non-Exclusive**

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map)

**Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: 07.01.2022

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Stanislaus County EMS Agency

**Area or Subarea (Zone) Name or Title:**

Zone B

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Currently there are two providers of emergency ground ambulance services in this zone. Del Puerto Hospital District has provided emergency ambulance services without interruption since 1985. American Medical Response began providing coverage in this zone in November 2007.

**Area or Subarea (Zone) Geographic Description:**

Zone B is an area of approximately twenty square miles located in a lightly populated area shaped like an upside down inverted "L" which is nearly equidistant to the cities of Turlock in the east, Patterson in the west, and Ceres in the north. Its boundaries are specifically described as follows:

Commencing in northwestern corner at the junction of Laird Road and Keyes Road, east to Carpenter Road; south on Carpenter Road to Taylor Road; east on Taylor Road to Crows Landing Road; south on Crows Landing Road to Carpenter Road; north on Carpenter Road to Monte Vista Road; west on Monte Vista Road to the end of the road and continue in a straight line to the San Joaquin River; north east along the San Joaquin River to the Del Puerto Creek confluence; northeasterly to the Keyes Road and Laird Road Juncture.

AMERICAN MEDICAL RESPONSE GRID  
RESPONSIBILITY

SUBURBAN

G142, G242,  
G342, G442

RURAL G542,

G642, H142,  
H242

DEL PUERTO HOSPITAL DISTRICT RESPONSE GRID  
RESPONSIBILITY

RURAL

F632-F636, GI32 - GI41, 0241, 0341, 0441, 0541, 0641, H141, H241

**Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):**

Include intent of local EMS agency and board action.

**Exclusive / Competitive Process**

Zone B was listed as Non-Exclusive prior to January 1, 2020. The 911 ambulance provider RFP incorporated Zone B into the RFP as an Exclusive Operating Area.

**Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

**Method to achieve exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Zone B was listed as a Non-Exclusive area in years past prior to January 1, 2020. The Stanislaus County Board of Supervisors approved a 911 ambulance provider RFP, which opened on Feb 5, 2019 and transitioned Zone C to an Exclusive Operating Area. AMR was awarded the RFP on June 25, 2019. The new contract went into effect on January 1, 2020.

Date: 07.01.2022

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Stanislaus County EMS Agency

**Area or Subarea (Zone) Name or Title:**

Zone C

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

AMR is the provider, as of January 1, 2020. Prior to 1.1.2020 Pro-Transport 1 provided service.

**Area or Subarea (Zone) Geographic Description:**

Zone C is in the east central area of Stanislaus County encircling the City of Hughson. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at the corner of Grayson and Washington Roads; then easterly on Grayson Road to Mountain View Road; then southerly on Mountain View Road to Keyes Road; then easterly on Keyes Road to Waring Road; then northerly on Waring Road to Service Road; then easterly on Service Road to a point east of Downie Road; then northerly parallel and east of Downie Road to a point northeast of Lyon and Virginia Road; then curving westerly across the northern end of Swanson Road to the Tuolumne River; then westerly along the Tuolumne River to a point north of Faith Home Road; then southerly along Faith Home Road to Service Road; then easterly along Service Road to Washington Road; then southerly along Washington Road to Grayson Road.

DEMOGRAPHIC ZONE GRID  
DESCRIPTIONS

URBAN

F1 53, F253 - F254, F351-F355, F452-F455, F553-F554

SUBURBAN

E653 - E654, F251 - F252, F255, F356-F362, F456, F555 - F556

RURAL

F15 1 - F152, F154 - F162, F256- F262

WILDERNESS

D482-D484, D572-D585, D671-D686, E163-E191, F264-E265, E271-E292, E372-E393, E472- E494, E572 - E595, E674 -E695, F175 - F194, F271-F292, F366- F386, F466-F484,

F566-F582

**Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):**

Include intent of local EMS agency and board action.

**Exclusive / Competitive Process**

Zone C was listed as Non-Exclusive prior to January 1, 2020. The 911 ambulance provider RFP incorporated Zone C into the RFP as an Exclusive Operating Area.

**Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

**Method to achieve exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Zone C was listed as a Non-Exclusive area in years past prior to January 1, 2020. The Stanislaus County Board of Supervisors approved a 911 ambulance provider RFP, which opened on Feb 5, 2019 and transitioned Zone C to an Exclusive Operating Area. AMR was awarded the RFP on June 25, 2019. The new contract went into effect on January 1, 2020.

Date: 07.01.2022

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Stanislaus County EMS Agency

**Area or Subarea (Zone) Name or Title:**

Zone D

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The current provider of emergency ground ambulance service in this zone is Oak Valley District Hospital

Zone D is in the eastern apex of Stanislaus County encircling the City of Waterford. It is depicted on the maps attached as Exhibit A and is specifically described as follows:

Commencing on the Stanislaus County line adjacent to Merced County at the point where Keyes Road exits the County; then northeasterly and northwesterly along the County line to a point east and on line with Wamerville Road; then westerly along Cooperstown/Wamerville Road to Tim Bell Road; then southerly on Tim Bell Road to Claribel Road; then westerly on Claribel Road to Crow Road; then southerly on Crow Road to Milnes Road; then westerly on Milnes Road to Wellsford Road; then southerly on Wellsford Road to Highway 132; then easterly on Highway 132 to Goodwin Road ; then southerly to the Tuolumne River; then easterly along the Tuolumne River to the northern end of Swanson Road; then curving southerly to Virginia Road and Whitmore Road; then easterly along Whitmore Road to Hickman Road ; then southerly along Hickman Road to Keyes Road; then easterly along Keyes Road to the County line.

DEMOGRAPHIC ZONE GRID  
DESCRIPTIONS

URBAN

E463, E562-564, E661 - E664, F164

SUBURBAN

E363, E453, E462, E464, E554 - E561, E565, E654 - E656, E665, F162 - F163, F165, F264

RURAL

E162, E262 - E263, E266, E353 - E362, E364 - E371, E454 -E461, E465-E471, E566- E571, E666-E673, F154- F161, F166 - F174, F263, F265 -F266, F364 - F365, F464 F465, F564- F565

**WILDERNESS**

D482-D484, D572-D585, D671-D686, E163-E191, F264-E265, E271-E292, E372-E393, E472- E494, E572 - E595, E674 -E695, F175 - F194, F271-F292, F366- F386, F466-F484, F566-F582

**Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):**

Include intent of local EMS agency and board action.

**Non-Exclusive**

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map) . Waterford Community Ambulance began providing emergency ambulance services in 1962 and provided these services without interruption until May, 1996, when Oak Valley District Hospital began providing emergency ground ambulance services in Zone Six per an agreement with Waterford Community Ambulance. However, based upon a change, the cessation of Waterford Community Ambulance Board of Directors, shortly thereafter, this zone is designated as a non-- exclusive operating area as of February 12, 2003. Zone Six was re-titled Zone D to reflect its change from an exclusive to non-exclusive response area.

**Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):**

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.



# TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

## EMS Agency Overview

Local EMS Agency: Stanislaus County EMS Agency

Plan Year: July 2021 – June 2022

EMS Director/Administrator: Chad Braner

EMS Medical Director: Dr. Gregory Kann

Physical Address: 3705 Oakdale Rd  
Modesto, CA 95357

Type of Agency:

- County Health Services Agency
- Public Health Department
- Joint Powers Agency
- Non-Health County Department
- Private Non-Profit Entity

Number of Counties in Local EMS Agency: One (1)

Counties within Regional Agency: \_\_\_\_\_

Population of EMS system: 546,235

Local EMS Agency responsibility:

- Hospital Preparedness Program
- Public Health Emergency Preparedness Program
- Other: Share MHOAC responsibilities with PH Officer

## EMS Agency Organization

Organizational Charts Attached:  County Structure  EMS Agency

## EMS Agency Budget

Fiscal Year: 2021 – 2022 Actual Costs before becoming a LEMSA

Expenses for EMS agency administration services only:

Expense Category	Total
Salaries and Benefits (not contracted staff)	\$17,314
Contract Services	\$7,375
Services and Supplies and Equipment	\$330,694
Total Expenses*	\$355,383



**TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT**

**EMS Agency Budget (cont.)**

Revenue received for EMS agency administration services only:

Revenue Category	Total
County General Fund (local tax funds, county health realignment funds, etc.)	\$56,364
County Health Realignment Funds	\$
Maddy EMS Fund (LEMSA discretionary funds only)	\$
Grant Revenue	\$
Fees	\$
Other: System Enhancement Fees	\$565,159
<b>Total Revenue*</b>	<b>\$621,523</b>

Provide brief explanation if totals do not equal:

Revenue amount for the System Enhancement Fees was requested from the previous EMS Agency (Mountain Valley EMS Agency) in the total amount of the estimated budget. The balance of \$266,140 will fall into the County's EMS Legal Budget Unit's Fund Balance.

**EMS Agency Fee Structure**

Effective Date of Fees: July 1, 2022

	Item	Fee	Comment
<b>Certifications</b>	First responder certification	\$	
	First responder re-certification	\$	
	EMS dispatcher certification	\$	
	EMS dispatcher re-certification	\$	
	EMT certification	\$131	Local and State Fee
	EMT recertification	\$93	Local and State Fee
	EMT accreditation	\$	
	EMT re-accreditation	\$	
	AEMT certification	\$159	Local and State Fee
	AEMT recertification	\$	
	Paramedic accreditation	\$112	
	Paramedic re-accreditation	\$	
	MICN/ARN certification	\$112	
	MICN/ARN recertification	\$	
<b>Program</b>	EMR training program approval	\$224	
	EMT training program approval	\$2,800	
	AEMT training program approval	\$	
	Continuing education provider	\$	
	Paramedic training program approval	\$11,200	
	EMS dispatch program approval	\$	



**TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT**

	MICN/ARN training program approval	\$	
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**EMS Agency Fee Structure (cont.)**

	Item	Fee	Comment
<b>Designation</b>	Base hospital application	\$	
	Base hospital designation	\$	
	Emergency receiving center designation	\$	
	Pediatric facility approval	\$	
	Pediatric facility designation	\$	
	STEMI/Cardiac center application	\$5,600	
	STEMI/Cardiac center designation	\$48,514	
	Stroke center application	\$5,600	
	Stroke center designation	\$64,303	
	Trauma center application Level I	\$28,000	
	Trauma center application Level II	\$28,000	
	Trauma center designation Level I	\$200,524	
Trauma center designation Level II	\$178,486		
<b>Other</b>	Ambulance licensure	\$	
	Ambulance vehicle permits	\$	
	Ambulance franchise fee	\$	
	Paramedic course tuition	\$	
	Other: _____	\$	

**EMS Agency Staffing**

Total full-time equivalent (FTE) staff dedicated to EMS administration: 6.23

Due to the Agency not being approved to start until July 1, 2022, the staff was approved as followed:

**Trauma/CQI Coordinator/EMS Coordinator II**

Position approved to be hired February 1, 2022

Vacant

**EMS Medical Director**

Contracted position approved to be hired March 1, 2022

Contract began March 1, 2022

**EMS Administrator/Manager IV**

Position approved to be hired June 1, 2022

Filled June 6, 2022



## TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

### EMS Coordinator I

Position approved to be hired June 1, 2022

Filled June 13, 2022

### EMS Analyst/Staff Services Analyst

Position approved to be hired June 1, 2022

Vacant

### EMS Tech/Staff Services Technician

Position approved to be hired June 1, 2022

Vacant

### Administrative Assistant/Admin Clerk III

Position approved to be hired June 1, 2022

Filled June 13, 2022

Roles	Classification	Contract (Yes/No)	FTE	Budgeted Annual Salary	Actual Annual Salary	Budgeted Benefits (% of Salary)	Benefits (Cost)
EMS Administrator	Manager IV	No	1.0	\$200,343.57	\$	56.31%	
EMS Medical Director	Independent Contractor	Yes	0.23	\$32,000	\$3,200	n/a	n/a
EMS Coordinator	EMS Coordinator I	No	1.0	\$96,408.00	\$	59.68%	\$
Trauma/CQI Coordinator	EMS Coordinator II (Trauma/Quality Imp)	No	1.0	\$107,474.00	\$0.00	57.28%	\$0.00
EMS Analyst	Staff Services Analyst	No	1.0	\$71,198.00	\$0.00	67.93%	\$0.00
Administrative Assistant	Admin Clerk III	No	1.0	\$49,088.00	\$	82.13%	\$
EMS Tech	Staff Services Technician	No	1.0	\$56,389.00	\$0.00	76.21%	\$0.00

County: Stanislaus

Reporting Year: July 2021 – June 2022

**EMS Agency Training Program**

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute?  Yes  No

Do you have an EMR Training Program?  Yes  No

**EMS Agency Certification**

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT – I (Public Safety)
Total certified	56	N/A		48	
Number newly certified this year	56	N/A		23	
Number recertified this year	0	N/A		25	
Total accredited on July 1 of reporting year	0	N/A	N/A	N/A	
<b>Number of certification reviews resulting in:</b>					
• Formal investigations	0	N/A		0	
• Probation	0	N/A	2	0	
• Suspensions	0	N/A	1	0	
• Revocations	0	N/A		0	
• Denials	0	N/A		0	
• No action taken	0	N/A	1	0	
<b>Number of personnel authorized/certified in:</b>					
• Early defibrillation	Unknown				Unknown

**Available Training**

Continuing Education Number: <u>60-0075</u>	Expiration Date of Training Program: <u>7/31/2022</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>PHI Air Medical</u>	Phone Number: <u>(209) 550-0885</u>
Address: <u>801-D Airport Way</u> <u>Modesto CA 95354</u>	Contact Name: <u>Eric Lewis</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-0272</u>	Expiration Date of Training Program: <u>11/30/2022</u>
Student Eligibility: <u>Open to Public</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Modesto Junior College</u>	Phone Number: <u>(209) 548-5706</u>
Address: <u>1220 Fire Science Lane</u> <u>Modesto Ca 95351</u>	Contact Name: <u>Ron Cripe</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-1002</u>	Expiration Date of Training Program: <u>11/30/2022</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>KCI EMS Education and Training</u>	Phone Number: <u>(209) 604-1793</u>
Address: <u>2805 Quarry Drive</u> <u>Modesto Ca 95355</u>	Contact Name: <u>Kelly Kjelstrom</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-1011</u>	Expiration Date of Training Program: <u>11/30/2022</u>
Student Eligibility: <u>Open to Public</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Ceres Unified School District</u>	Phone Number: <u>(209) 538-0150</u>
Address: <u>P.O. Box 307</u> <u>Ceres Ca 95307</u>	Contact Name: <u>Eric Sanchez</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-2231</u>	Expiration Date of Training Program: <u>1/31/2023</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Newman Fire Department</u>	Phone Number: <u>(209) 862-3525</u>
Address: <u>1162 N Street</u> <u>Newman Ca 95360</u>	Contact Name: <u>Keith Bowen</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-2227</u>	Expiration Date of Training Program: <u>2/28/2023</u>
Student Eligibility: <u>Open to the public</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>The Medics Plus Inc.</u>	Phone Number: <u>(209) 846-9255</u>
Address: <u>2122 College Avenue</u> <u>Modesto Ca 95350</u>	Contact Name: <u>William Bell</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-0503</u>	Expiration Date of Training Program: <u>3/31/2023</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>AMR Modesto</u>	Phone Number: <u>(209) 567-4023</u>
Address: <u>4846 Stratos Way</u> <u>Modesto Ca 95356</u>	Contact Name: <u>Tammy Cooper</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-0243</u>	Expiration Date of Training Program: <u>4/30/2023</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input checked="" type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input checked="" type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Modesto Fire Department</u>	
Phone Number: <u>209-572-9590</u>	
Address: <u>600 11th Street</u> <u>Modesto Ca 95354</u>	Contact Name: <u>Jesse Nicasio</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-0052</u>	Expiration Date of Training Program: <u>5/31/2023</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Doctors Medical Center</u>	Phone Number: <u>2 0 9 - 5 7 6 - 3 6 0 7</u>
Address: <u>1441 Florida Ave</u> <u>Modesto Ca 95350</u>	Contact Name: <u>Belinda Bearden</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-1019</u>	Expiration Date of Training Program: <u>9/30/2023</u>
Student Eligibility: <u>Open to public</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>LifeSaver CPR, dba Cascade Training</u>	Phone Number: <u>(209) 446-2249</u>
Address: <u>4712 Stoddard Road, Ste #200</u> <u>Modesto Ca 95356</u>	Contact Name: <u>Chris Peters</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-0504</u>	Expiration Date of Training Program: <u>11/30/2023</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Oak Valley Ambulance</u>	Phone Number: <u>(206) 848-4133</u>
Address: <u>350 S. Oak Avenue</u> <u>Oakdale Ca 95361</u>	Contact Name: <u>Kenneth Gonzales</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-2228</u>	Expiration Date of Training Program: <u>11/30/2023</u>
Student Eligibility: <u>Open to the public</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Academy for Professional Development</u>	Phone Number: <u>(209) 300-7822</u>
Address: <u>3421 Tully Road, Suite H</u> <u>Modesto Ca 95350</u>	Contact Name: <u>David Hunter</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-0264</u>	Expiration Date of Training Program: <u>2/29/2024</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Stanislaus Consolidated FPD</u>	Phone Number: <u>(209) 869-7470</u>
Address: <u>3324 Topeka Street</u> <u>Riverbank Ca 95367</u>	Contact Name: <u>Timothy Johnson</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-0270</u>	Expiration Date of Training Program: <u>4/30/2024</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Turlock Fire Department</u>	Phone Number: <u>209-572-9590</u>
Address: <u>244 N. Broadway</u> <u>Turlock Ca 95380</u>	Contact Name: <u>Jesse Nicasio</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-1009</u>	Expiration Date of Training Program: <u>6/30/2024</u>
Student Eligibility: <u>Open to Public</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Abrams College</u>	Phone Number: <u>(209) 527-7777</u>
Address: <u>201 East Rumble Rd., Suite E</u> <u>Modesto Ca 95350</u>	Contact Name: <u>Daniel Lucky</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-0551</u>	Expiration Date of Training Program: <u>12/31/2024</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Ceres Fire Dept.</u>	Phone Number: <u>(209) 572-9590</u>
Address: <u>2755 Third Street</u> <u>Ceres Ca 95307</u>	Contact Name: <u>Jesse Nicasio</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-0054</u>	Expiration Date of Training Program: <u>3/31/2025</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Sutter Health, Memorial Medical Center</u>	Phone Number: <u>(209) 548-7880</u>
Address: <u>1700 McHenry Avenue, Ste. 43</u> <u>Modesto Ca 95350</u>	Contact Name: <u>Robin Lewis</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-0505</u>	Expiration Date of Training Program: <u>4/30/2025</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Patterson District Ambulance</u>	Phone Number: <u>(209) 892-2618</u>
Address: <u>PO Box 187</u> <u>Patterson Ca 95363</u>	Contact Name: <u>Chantale Pokosz</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-2229</u>	Expiration Date of Training Program: <u>6/30/2025</u>
Student Eligibility: <u>Open to the public</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>First Lady Permanente</u>	Phone Number: <u>(209) 250-1200</u>
Address: <u>PO Box 2095</u> <u>Turlock Ca 95381</u>	Contact Name: <u>Elaine Paradis</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-0206</u>	Expiration Date of Training Program: <u>7/31/2025</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Burbank Paradise Fire Department</u>	Phone Number: <u>(209) 523-1129</u>
Address: <u>1313 Beverly Drive</u> <u>Modesto Ca 95351</u>	Contact Name: <u>Christopher Bernardi</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

**Available Training**

Continuing Education Number: <u>60-0290</u>	Expiration Date of Training Program: <u>12/31/2025</u>
Student Eligibility: <u>Open to the public</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Snowy River EMS Productions LLC</u>	Phone Number: <u>(775) 384-2248</u>
Address: <u>16221 Gustafson</u> <u>Patterson Ca 95363</u>	Contact Name: <u>Jane Smith</u>

**Training Program Statistics for Reporting Year**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														



**TABLE 3: COMMUNICATIONS**

County: Stanislaus County

Reporting Year: July – Dec 2022

**EMS Agency Communications Structure**

Number of primary Public Service Answering Points (PSAP):	<u>4</u>
Number of secondary PSAPs:	<u>1</u>
Number of dispatch centers directly dispatching ambulances:	<u>1</u>
Number of EMS dispatch agencies utilizing EMD guidelines:	<u>1</u>
Number of designated dispatch centers for EMS aircraft:	<u>2</u>

Who is your primary dispatch agency for day-to day emergencies?

**Valley Regional Emergency Communications Center (VRECC)**

Do you have an operational area disaster communication system? X Yes  No

a) Identify the radio primary frequency: 157.6125/463.00

b) Identify other methods: ARES

c) Can all medical response units communicate on the same disaster communication system? X Yes  No

d) Do you participate in the Operational Area Satellite Information System? X Yes  No

e) Do you have a plan to utilize the Radio Amateur Civil Emergency Services as a back-up communication system? X Yes  No

1) Within the operational area? X Yes  No

2) Between operational area and the region and/or state? X Yes  No

TABLE 3: COMMUNICATIONS



**Dispatch Resource**

County: Stanislaus County Reporting Year: FY 2022

Dispatch Agency: VRECC Name of Primary Contact: Richard Silva

Address: 4701 Stoddard Rd Telephone Number: 209-236-8000  
Modesto, Ca 95356

Written Contract:  Yes  No Medical Director:  Yes  No Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:  
EMD Training \_\_\_\_\_ EMT-D 3 ALS \_\_\_\_\_  
BLS \_\_\_\_\_ LALS \_\_\_\_\_ Other \_\_\_\_\_

Total Number of Dispatchers: 3

Ownership:  Public  Private If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  County  State  Fire District  Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft:  Yes  No



**TABLE 4: RESPONSE AND TRANSPORTATION**

County: Stanislaus County

Reporting Year: July 2022 – December 2022

**EMS Agency Response**

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	X Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	X Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	X Yes	<input type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	X Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	X Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	X Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	X Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	X Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	X Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	X Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	X No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	X Yes	<input type="checkbox"/> No



**TABLE 4: RESPONSE AND TRANSPORTATION**

*EMS Agency Response (cont.)*

<b>SYSTEM STANDARD RESPONSE TIMES (90<sup>th</sup> Percentile)</b> Enter response times in appropriate boxes:	<b>METROPOLITAN/ URBAN</b>	<b>SUBURBAN/RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
BLS & CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Limited Advanced Life Support responder	N/A	N/A	N/A	N/A
Advanced Life Support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	7:30	11:30/19:30	ASAP	N/A
Trauma Centers Level I Level II Level III Level IV	N/A	N/A	N/A	N/A
Pediatric Hospitals Comprehensive Advanced General Basic	N/A	N/A	N/A	N/A
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	N/A	N/A	N/A	N/A
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	N/A	N/A	N/A	N/A



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____    _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____    _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

**County:** \_\_\_\_\_ **Provider:** \_\_\_\_\_ **Response Area:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** \_\_\_\_\_  
**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** \_\_\_\_\_

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** \_\_\_\_\_

**Ambulance Strike Team Participant:**  Yes  No

**Number of Helicopters based in this LEMSA's jurisdiction:** \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS      <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services      <input type="checkbox"/> Litter/Gurney Van      <input type="checkbox"/> Wheelchair Van         </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No 

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____    _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

**County:** \_\_\_\_\_ **Provider:** \_\_\_\_\_ **Response Area:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** \_\_\_\_\_  
**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** \_\_\_\_\_  
**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** \_\_\_\_\_  
**Ambulance Strike Team Participant:**  Yes  No  
**Number of Helicopters based in this LEMSA's jurisdiction:** \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS      <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services      <input type="checkbox"/> Litter/Gurney Van      <input type="checkbox"/> Wheelchair Van         </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

**County:** \_\_\_\_\_ **Provider:** \_\_\_\_\_ **Response Area:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** \_\_\_\_\_  
**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** \_\_\_\_\_

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** \_\_\_\_\_

**Ambulance Strike Team Participant:**  Yes  No

**Number of Helicopters based in this LEMSA's jurisdiction:** \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS      <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services      <input type="checkbox"/> Litter/Gurney Van      <input type="checkbox"/> Wheelchair Van         </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

**County:** \_\_\_\_\_ **Provider:** \_\_\_\_\_ **Response Area:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** \_\_\_\_\_  
**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** \_\_\_\_\_

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** \_\_\_\_\_

**Ambulance Strike Team Participant:**  Yes  No

**Number of Helicopters based in this LEMSA's jurisdiction:** \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS      <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services      <input type="checkbox"/> Litter/Gurney Van      <input type="checkbox"/> Wheelchair Van         </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<p><b>Ownership:</b></p> <p><input type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b>If Public:</b></p> <p><input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other _____</p>	<p><b>If Public:</b></p> <p><input type="checkbox"/> City      <input type="checkbox"/> County  <input type="checkbox"/> State      <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b>If Air:</b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b>Air Classification:</b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

**County:** \_\_\_\_\_ **Provider:** \_\_\_\_\_ **Response Area:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** \_\_\_\_\_  
**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** \_\_\_\_\_  
**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** \_\_\_\_\_  
**Ambulance Strike Team Participant:**  Yes  No  
**Number of Helicopters based in this LEMSA's jurisdiction:** \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS      <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services      <input type="checkbox"/> Litter/Gurney Van      <input type="checkbox"/> Wheelchair Van         </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

**County:** \_\_\_\_\_ **Provider:** \_\_\_\_\_ **Response Area:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** \_\_\_\_\_  
**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** \_\_\_\_\_  
**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** \_\_\_\_\_  
**Ambulance Strike Team Participant:**  Yes  No  
**Number of Helicopters based in this LEMSA's jurisdiction:** \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS      <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services      <input type="checkbox"/> Litter/Gurney Van      <input type="checkbox"/> Wheelchair Van         </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____    _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____    _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____    _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

**County:** \_\_\_\_\_ **Provider:** \_\_\_\_\_ **Response Area:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** \_\_\_\_\_  
**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** \_\_\_\_\_

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** \_\_\_\_\_

**Ambulance Strike Team Participant:**  Yes  No

**Number of Helicopters based in this LEMSA's jurisdiction:** \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS      <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services      <input type="checkbox"/> Litter/Gurney Van      <input type="checkbox"/> Wheelchair Van         </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_



**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Provider Staff Information**

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____    _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_ 

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Provider Staff Information**

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____    _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_



**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Provider Staff Information**

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_



**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Provider Staff Information**

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

**County:** \_\_\_\_\_ **Provider:** \_\_\_\_\_ **Response Area:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** \_\_\_\_\_  
**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** \_\_\_\_\_  
**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** \_\_\_\_\_  
**Ambulance Strike Team Participant:**  Yes  No  
**Number of Helicopters based in this LEMSA's jurisdiction:** \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS      <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services      <input type="checkbox"/> Litter/Gurney Van      <input type="checkbox"/> Wheelchair Van         </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_



**Contract Dates:** \_\_\_\_\_



**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Provider Staff Information**

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____    _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_



**Contract Dates:** \_\_\_\_\_



**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Provider Staff Information**

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

**County:** \_\_\_\_\_ **Provider:** \_\_\_\_\_ **Response Area:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** \_\_\_\_\_  
**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** \_\_\_\_\_

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** \_\_\_\_\_

**Ambulance Strike Team Participant:**  Yes  No

**Number of Helicopters based in this LEMSA's jurisdiction:** \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS      <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services      <input type="checkbox"/> Litter/Gurney Van      <input type="checkbox"/> Wheelchair Van         </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_



**Name of ePCR Vendor:** \_\_\_\_\_



**Contract Dates:** \_\_\_\_\_



**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____    _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** \_\_\_\_\_



**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_



**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Provider Staff Information**

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____    _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_



**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_



**Contract Dates:** \_\_\_\_\_



**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Provider Staff Information**

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*



County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____    _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
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Phone Number: \_\_\_\_\_

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Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____    _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	 <b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_ 

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
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Phone Number: \_\_\_\_\_

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Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____    _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	 <b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_ 

**Ground Non-Transporting and/or Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Ground Transporting Agencies**

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Transporting Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



# TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

County: Stanislaus

Reporting Year: July 22 – Dec 22

## EMS Agency Facility Details

- Are there established guidelines, developed in partnership with acute care hospital administrators, physicians, and nurses, that identify patients who should be considered for transfer to facilities of higher capability? X Yes  No
- Is there collaboration with acute care hospital administrators, physicians, and nurses to establish transfer agreements for patients who should be considered for transfer to facilities of higher capability? X Yes  No
- Is there a process to ensure that all base hospital personnel who provide medical direction to prehospital personnel are knowledgeable about LEMSA policies and procedures and have training in radio communications techniques? X Yes  No
- Is there a process to ensure that all alternative base station personnel who provide medical direction to prehospital personnel are knowledgeable about the EMS Agency's policies and procedures? X N/A
- a) Do the base station personnel have training in radio communications? X Yes  No

## EMS Agency Facility Statistics

### Emergency Departments

- Total number of emergency departments: 5
- Total number of comprehensive emergency services: 5
- Total number of basic emergency services: 5
- Total number of standby emergency services: 0

### Hospitals with Written Agreements

- Total number of receiving hospitals: 0
- Total number of base hospitals: 5

### Alternative Receiving Facilities

- Do you have designated alternative receiving facilities?  Yes X No
- Number of alternate receiving facilities:
  - Psychiatric: 2      Sobering Centers: 0      Rural Area 0

### Specialty Care System

- Do you have a trauma system? X Yes  No
- Do you have a ST-Elevation Myocardial Infarction (STEMI) system? X Yes  No



# TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

## EMS Agency Facility Statistics (cont.)

Do you have a stroke system? X Yes  No

Do you have an EMS for children system?  Yes X No

## EMS Agency Specialty Care System Capabilities

Number of *trauma* centers:

Level I \_\_\_\_\_ Level II 2 Level III \_\_\_\_\_ Level IV \_\_\_\_\_

Number of pediatric trauma centers:

Level I \_\_\_\_\_ Level II \_\_\_\_\_

Number of EMS patients meeting trauma triage criteria:

Unknown

a) Transported to a trauma center by ambulance:

1611

b) Not transported to a trauma center:

Unknown

Number of trauma patients transferred to a trauma center for a higher level of care:

Unknown

a) From a non-trauma facility:

345

b) From a lower-level trauma center:

10

Number of *STEMI* centers/hospitals designated by EMS Agency:

\_\_\_\_\_

Receiving: 3 Referring: \_\_\_\_\_

Number of *stroke* centers/hospitals (third party accreditation only):

Comprehensive: 1 Thrombectomy Capable: \_\_\_\_\_

Primary: 2 Acute Stroke Ready: \_\_\_\_\_

Number of *pediatric* receiving centers:

Comprehensive: \_\_\_\_\_ General: \_\_\_\_\_ Advanced: \_\_\_\_\_ Basic: \_\_\_\_\_



**TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS**

*Provider Resource*

**County:** Stanislaus County

**Facility:** Doctor's Medical Center (DMC)  
*(Designated within EMS Agency's Jurisdiction)*

**Address:** 1441 Florida Ave  
Modesto, CA 95355

**Phone No.:** 209-578-1211

**Contracts with Facilities in Neighboring Jurisdictions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency X Comprehensive Emergency	<b>Base Hospital:</b> X Yes <input type="checkbox"/> No	<b>Receiving Hospital:</b> <input type="checkbox"/> Yes X No	<b>Burn Center:</b> <input type="checkbox"/> Yes X No
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Specialty Care System							
<b>Trauma Center:</b>	X Yes	<input type="checkbox"/> No	<b>Adult:</b>	<input type="checkbox"/> I	X II	<input type="checkbox"/> III	<input type="checkbox"/> IV
			<b>Pediatrics:</b>	<input type="checkbox"/> I	<input type="checkbox"/> II		
<b>STEMI Center:</b>	X Yes	<input type="checkbox"/> No	<b>Service:</b>	X Receiving Center	<input type="checkbox"/> Referring Hospital		
<b>Stroke Center:</b>	X Yes	<input type="checkbox"/> No	<b>Service:</b>	X Comprehensive	<input type="checkbox"/> Thrombectomy Capable		
				<input type="checkbox"/> Primary	<input type="checkbox"/> Acute Stroke Ready		
<b>Pediatric Receiving Center:</b>	<input type="checkbox"/> Yes	X No	<b>Level:</b>	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> General	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic
<b>Pediatric Critical Care Center:</b>	<input type="checkbox"/> Yes	X No	<b>Emerg. Depts. Approved for Pediatrics:</b>	<input type="checkbox"/> Yes	X No	<b>Pediatric Intensive Care Unit:</b>	<input type="checkbox"/> Yes X No



**TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS**

*Provider Resource*

County: Stanislaus County Contracts with Facilities in Neighboring Jurisdictions: \_\_\_\_\_

Facility: Emanuel Medical Center (EMC)  
*(Designated within EMS Agency's Jurisdiction)*

Address: 825 Delbon Ave  
Turlock, CA 95382

Phone No.: 209-664-2810

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency X Comprehensive Emergency	<b>Base Hospital:</b> X Yes <input type="checkbox"/> No	<b>Receiving Hospital:</b> <input type="checkbox"/> Yes X No	<b>Burn Center:</b> <input type="checkbox"/> Yes X No
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<b>Specialty Care System</b>					
<b>Trauma Center:</b>	<input type="checkbox"/> Yes X No	<b>Adult:</b>	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV		
		<b>Pediatrics:</b>	<input type="checkbox"/> I <input type="checkbox"/> II		
<b>STEMI Center:</b>	X Yes <input type="checkbox"/> No	<b>Service:</b>	<input type="checkbox"/> Receiving Center	<input type="checkbox"/> Referring Hospital	
<b>Stroke Center:</b>	<input type="checkbox"/> Yes X No	<b>Service:</b>	<input type="checkbox"/> Comprehensive X Primary	<input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Acute Stroke Ready	
<b>Pediatric Receiving Center:</b>	<input type="checkbox"/> Yes X No	<b>Level:</b>	<input type="checkbox"/> Comprehensive <input type="checkbox"/> General <input type="checkbox"/> Advanced <input type="checkbox"/> Basic		
<b>Pediatric Critical Care Center:</b>	<input type="checkbox"/> Yes X No	<b>Emerg. Depts. Approved for Pediatrics:</b>	<input type="checkbox"/> Yes X No	<b>Pediatric Intensive Care Unit:</b>	<input type="checkbox"/> Yes X No



**TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS**

*Provider Resource*

**County:** Stanislaus County

**Contracts with Facilities in Neighboring Jurisdictions:** \_\_\_\_\_

**Facility:** Kaiser Hospital Modesto  
*(Designated within EMS Agency's Jurisdiction)*

**Address:** 4601 Dale Rd  
Modesto, Ca 95356

**Phone No.:** 209-735-5000

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency X Comprehensive Emergency	<b>Base Hospital:</b> X Yes <input type="checkbox"/> No	<b>Receiving Hospital:</b> <input type="checkbox"/> Yes X No	<b>Burn Center:</b> <input type="checkbox"/> Yes X No
---	---	--	---	--

Specialty Care System					
<b>Trauma Center:</b>	<input type="checkbox"/> Yes X No	<b>Adult:</b>	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV		
		<b>Pediatrics:</b>	<input type="checkbox"/> I <input type="checkbox"/> II		
<b>STEMI Center:</b>	<input type="checkbox"/> Yes X No	<b>Service:</b>	<input type="checkbox"/> Receiving Center	<input type="checkbox"/> Referring Hospital	
<b>Stroke Center:</b>	X Yes <input type="checkbox"/> No	<b>Service:</b>	<input type="checkbox"/> Comprehensive X Primary	<input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Acute Stroke Ready	
<b>Pediatric Receiving Center:</b>	<input type="checkbox"/> Yes X No	<b>Level:</b>	<input type="checkbox"/> Comprehensive <input type="checkbox"/> General <input type="checkbox"/> Advanced <input type="checkbox"/> Basic		
<b>Pediatric Critical Care Center:</b>	<input type="checkbox"/> Yes X No	<b>Emerg. Depts. Approved for Pediatrics:</b>	<input type="checkbox"/> Yes X No	<b>Pediatric Intensive Care Unit:</b>	<input type="checkbox"/> Yes X No



**TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS**

*Provider Resource*

County: Stanislaus County

Contracts with Facilities in Neighboring Jurisdictions: \_\_\_\_\_

Facility: Sutter Health Memorial Medical Center  
*(Designated within EMS Agency's Jurisdiction)*

Address: 1700 Coffee Rd  
Modesto, Ca 95355  
209-526-4500

Phone No.: \_\_\_\_\_

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency X Comprehensive Emergency	<b>Base Hospital:</b> X Yes <input type="checkbox"/> No	<b>Receiving Hospital:</b> <input type="checkbox"/> Yes X No	<b>Burn Center:</b> <input type="checkbox"/> Yes X No
---	---	--	---	--

<i>Specialty Care System</i>					
<b>Trauma Center:</b>	X Yes <input type="checkbox"/> No	<b>Adult:</b>	<input type="checkbox"/> I X II <input type="checkbox"/> III <input type="checkbox"/> IV		
		<b>Pediatrics:</b>	<input type="checkbox"/> I <input type="checkbox"/> II		
<b>STEMI Center:</b>	X Yes <input type="checkbox"/> No	<b>Service:</b>	X Receiving Center	<input type="checkbox"/> Referring Hospital	
<b>Stroke Center:</b>	X Yes <input type="checkbox"/> No	<b>Service:</b>	<input type="checkbox"/> Comprehensive X Primary	<input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Acute Stroke Ready	
<b>Pediatric Receiving Center:</b>	<input type="checkbox"/> Yes X No	<b>Level:</b>	<input type="checkbox"/> Comprehensive <input type="checkbox"/> General <input type="checkbox"/> Advanced <input type="checkbox"/> Basic		
<b>Pediatric Critical Care Center:</b>	<input type="checkbox"/> Yes X No	<b>Emerg. Depts. Approved for Pediatrics:</b>	<input type="checkbox"/> Yes X No	<b>Pediatric Intensive Care Unit:</b>	X Yes <input type="checkbox"/> No



**TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS**

*Provider Resource*

**County:** Stanislaus County

**Contracts with Facilities in Neighboring Jurisdictions:** \_\_\_\_\_

**Facility:** Oak Valley District Hospital  
*(Designated within EMS Agency's Jurisdiction)*

**Address:** 350 S Oak Ave  
Oakdale, CA 95361

**Phone No.:** 209-847-3011

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency X Comprehensive Emergency	<b>Base Hospital:</b> X Yes <input type="checkbox"/> No	<b>Receiving Hospital:</b> <input type="checkbox"/> Yes X No	<b>Burn Center:</b> <input type="checkbox"/> Yes X No
---	---	--	---	--

<i>Specialty Care System</i>					
<b>Trauma Center:</b>	<input type="checkbox"/> Yes X No	<b>Adult:</b>	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV		
		<b>Pediatrics:</b>	<input type="checkbox"/> I <input type="checkbox"/> II		
<b>STEMI Center:</b>	<input type="checkbox"/> Yes X No	<b>Service:</b>	<input type="checkbox"/> Receiving Center	<input type="checkbox"/> Referring Hospital	
<b>Stroke Center:</b>	<input type="checkbox"/> Yes X No	<b>Service:</b>	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Primary	<input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Acute Stroke Ready	
<b>Pediatric Receiving Center:</b>	<input type="checkbox"/> Yes X No	<b>Level:</b>	<input type="checkbox"/> Comprehensive <input type="checkbox"/> General <input type="checkbox"/> Advanced <input type="checkbox"/> Basic		
<b>Pediatric Critical Care Center:</b>	<input type="checkbox"/> Yes X No	<b>Emerg. Depts. Approved for Pediatrics:</b>	<input type="checkbox"/> Yes X No	<b>Pediatric Intensive Care Unit:</b>	<input type="checkbox"/> Yes X No



**TABLE 6: PUBLIC INFORMATION AND EDUCATION**

County: **Stanislaus**

Reporting Year: **July 2022 – December 2022**

***Public Information, Education, and Awareness***

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Number of programs EMS Agency provided to the public:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> EMS Awareness         | <input type="checkbox"/> Bleeding Control                 |
| <input type="checkbox"/> First Aid                        | <input type="checkbox"/> CPR                              |
| <input checked="" type="checkbox"/> Prevention Activities | <input checked="" type="checkbox"/> Disaster Preparedness |

***Injury & Illness Prevention***

---

Number of programs EMS Agency provided to the public:

- |  |  |
|--|--|
| <input type="checkbox"/> Alcohol & Substance Abuse | <input type="checkbox"/> General Injury              |
| <input type="checkbox"/> Asthma Control            | <input type="checkbox"/> Home Safety                 |
| <input type="checkbox"/> Bicycle Safety            | <input type="checkbox"/> Infant Safe Sleep Practices |
| <input type="checkbox"/> Burn Prevention           | <input type="checkbox"/> Mental Health               |
| <input type="checkbox"/> Child Passenger Safety    | <input type="checkbox"/> Obesity                     |
| <input type="checkbox"/> Childhood Immunizations   | <input type="checkbox"/> Pedestrian Safety           |
| <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> POLST/End of Life Care      |
| <input type="checkbox"/> Distracted Driving        | <input type="checkbox"/> Poison Control & Prevention |
| <input type="checkbox"/> Dog Bite Prevention       | <input type="checkbox"/> Product Safety & Recalls    |
| <input type="checkbox"/> Elderly Falls             | <input type="checkbox"/> Suicide Prevention          |
| <input type="checkbox"/> Firearm Safety            | <input type="checkbox"/> Water Safety                |
| <input type="checkbox"/> General Health            | <input type="checkbox"/> Youth Violence Prevention   |



# TABLE 7: DISASTER MEDICAL RESPONSE

County: Stanislaus

Reporting Year: July 2022 – Dec 2022

## EMS Agency Structure

Are you part of a multicounty EMS system for disaster response?  Yes  No

Are you a separate department or agency?  Yes  No

a) To whom do you report? Stanislaus County Sheriff's Department – Sheriff Jeff Dirkse

If your agency is not within the health department, do you have a plan to coordinate public health and environmental health issues with the health department?  Yes  No

What healthcare coalitions are you participating in? Stanislaus County Healthcare Emergency Preparedness

Council (SCHEPC)

a) How often do you meet with your healthcare coalitions? Quarterly

Do you have connection with your local Disaster Healthcare Volunteer Administrators in your jurisdiction?  Yes  No

List all neighboring counties which you have written cooperative agreements and/or medical mutual aid/assistance agreements with:

## EMS Agency Plans, Policies, Programs, and Teams

Do you have the following:

a) Disaster Plan?  Yes URL Link: Stanoes.com  No

b) Active Shooter Policy?  Yes URL Link: \_\_\_\_\_  No

c) Hazardous Material (Hazmat) Plan?  Yes URL Link: Stanoes.com  No

d) Disaster Medical Cache?  Yes URL Link: \_\_\_\_\_  No

e) Disaster Medical Support Group?  Yes URL Link: \_\_\_\_\_  No

f) Medical Assets?  Yes URL Link: \_\_\_\_\_  No

g) Incident Command Organization Chart?  Yes URL Link: \_\_\_\_\_  No

h) Communications Plan?  Yes URL Link: \_\_\_\_\_  No

i) Ambulance Strike Team Leader Program?  Yes  No

j) EMS Authority Affiliated Strike Teams (includes a Disaster Medical Support Unit)?  Yes  No

Identify the provider: Stanislaus AMR



## TABLE 7: DISASTER MEDICAL RESPONSE

### EMS Agency System Operations and Resources

Do you have designated field treatment sites?  Yes  No

a) Identify the locations: \_\_\_\_\_

b) How are they staffed? \_\_\_\_\_

c) Is there a supply system for supporting them for 72 hours?  Yes  No

Is there a mental/behavioral health program available for responders within your jurisdiction?  Yes  No

a) Identify the program: Stanislaus Fire Chaplain and Employee Assistance Programs

Is there a team medical response capability?  Yes  No

a) For each team, are they incorporated into the local response plan?  Yes  No

b) Are they available for statewide response?  Yes  No

c) Are they part of a formal out-of-state response system?  Yes  No

Are there HazMat trained medical response teams?  Yes  No

a) At what HazMat level are they trained? FRA and FRO and MFD has Type II

b) Is there capability to do decontamination in an emergency room?  Yes  No

c) Is there capability to do decontamination in the field?  Yes  No

Identify who the Medical Health Operational Area Coordinator is:

Health Officer     EMS Agency     Jointly Appointed

Do you have specific training for mass casualty incident policies?  Yes  No

Are you using the Standardized Emergency Management System (SEMS)?  Yes  No

a) Does it incorporate a form of Incident Command System (ICS) structure?  Yes  No

Are you integrated in the Medical/Health Branch of the Operation Section in each operational area Emergency Operations Center within your jurisdiction?  Yes  No

Have you tested your multicasualty incident plan this year?  Yes  No

a) Was it a real event? No

b) Was it an exercise? Yes

Do you have formal agreements with the following in your operational area to participate in disaster planning and response:

a) Hospitals?  Yes  No

b) Community Clinics?  Yes  No

## TABLE 7: DISASTER MEDICAL RESPONSE

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# **Stanislaus County Emergency Medical Services Agency**

## **Stanislaus County Emergency Medical Services Agency**

### **2023 TRAUMA SYSTEM PLAN**

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## **Section 1: TRAUMA SYSTEM SUMMARY**

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Stanislaus County Emergency Medical Services Agency (SCEMSA) is a new EMS agency created on July 1, 2022. On March 30, 2021, the Stanislaus County Board of Supervisors authorized the Chief Executive Officer to issue a termination notice to the MVEMSA JPA Board to withdraw from the JPA, effective July 1, 2022. SCEMSA is a division of the Stanislaus County Sheriff's Department under the Office of Emergency Services. The Stanislaus County Board of Supervisors will be the governing body over all SCEMSA activity. Prior to July 1, 2022, Stanislaus County was a member of the MVEMSA JPA, which served Alpine, Amador, Calaveras, Mariposa, and Stanislaus Counties. Stanislaus County EMS Agency inherited the established trauma system from MVEMSA, which included 2 Level II ACS verified Trauma Centers, Doctors Medical Center, and Memorial Medical Center.

The Stanislaus County EMS Agency Trauma Care System Plan was established in compliance with Section 1798.160, et seq., Health and Safety Code. This plan outlines the structure and operations of the trauma care system within Stanislaus County. In addition, it outlines the interfaces, including patient flow and shared services, with neighboring trauma care systems, particularly Merced, Tuolumne, and San Joaquin Counties.

To provide leadership to the development of the trauma care system and to provide a mechanism for input from all system stakeholders, Stanislaus County EMS Agency will be establishing a Trauma Steering Committee. The committee will be responsible for developing policies and procedures based on the recommendations of the American College of Surgeons and the requirements of California State Regulations.

Stanislaus County has two designated Level II Trauma Centers to serve our region, Doctors Medical Center (DMC) and Memorial Medical Center (MMC). Both facilities are centrally located in Stanislaus County (Modesto). The Stanislaus County EMS region is mostly rural in nature which provides unique challenges to the overall system design. Many of the community hospitals within the region lack the resources and commitment needed to provide for the complexity of a major trauma patient; therefore, requiring pre-hospital personnel to bypass closer facilities and transport these patients to a Level II Trauma Center in Modesto.

An organized trauma system has been shown to decrease morbidity and mortality rates caused from intentional and unintentional injuries. Stanislaus County EMS Agency seeks to improve the care provided to trauma patients in its service areas through an inclusive trauma care system. The overall system design is made from the following points:

Maintain the designation of the Two-Level II Trauma Centers in Modesto.

Trauma policies and protocols are based upon the most current evidence-based practices.

Trauma patients meeting triage criteria will be transported directly to the designated Level II trauma center in the quickest, most appropriate manner, either by ground or air. Appropriate patients meeting pediatric trauma and or burn triage criteria will be transferred to a designated pediatric and/or burn trauma center in another region when weather conditions permit or unless the patient is too unstable for transport to an out of county pediatric and or burn center.

The quality review process includes a comprehensive evaluation of the entire trauma system, which is accomplished in several ways.

- The Trauma Audit Committee providing ongoing medical and system evaluation with case reviews.
- Trauma data analysis will be used to identify system trends.
- Prehospital QI committee(s) to review and evaluate prehospital care; and
- Periodic trauma center site reviews from an outside resource to ensure the quality of care within our region.

Comprehensive trauma data collection is essential to include in the overall evaluation of trauma care. Data Collection exceeds the minimum requirements identified by California EMS Information System (CEMSIS) data dictionary. Collection of data occurs at dispatch, pre-hospital, and designated Trauma Centers; it is sent to the EMS Agency for evaluation and analysis.

On-going Training will be provided for pre-hospital and hospital personnel regarding clinical treatment of trauma patients and system policies; and,

Policies will be evaluated and updated as necessary to ensure proper operation of the trauma system.

## **Section 2: CHANGES IN THE TRAUMA SYSTEM**

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In 2021 Level II Trauma Centers in the Stanislaus County trauma system underwent reverification reviews by the American College of Surgeons. Doctors Medical Center received reverification with no deficiencies for a period of 3 years ending July 9, 2024. Memorial Medical Center received reverification with no deficiencies for a period of 3 years ending July 9, 2024.

DMC and MMC participate in Trauma Quality Improvement Program (TQIP) sponsored by the ACS. System participants are actively involved in the Central California Regional Trauma Care Committee.

Stanislaus EMS Agency has purchased a trauma patient registry from ImageTrend and is working with Doctors and Memorial to import all NTDB and TQIP data into the newly purchased data repository. Stanislaus EMS Agency intends to analyze this data and work with the Trauma Program Medical Directors and the Trauma Program Managers as well as the EMS participants in Stanislaus County to improve and refine trauma policies with the county.

## **Section 3: NUMBER AND DESIGNATED LEVEL OF TRAUMA CENTERS**

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Stanislaus EMS Agency has two designated level II Trauma Centers within its jurisdiction. There are several areas of the region that use neighboring Trauma Centers because of proximity and/or specialty needs such as, pediatric and burn care.

#### **Section 4: TRAUMA SYSTEM GOALS AND OBJECTIVES**

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**Objective 1:** Collect, validate, and research trauma data for area(s) to improve or enhance the system of care provide to our trauma patients.

- a. Participate in the EMS and Trauma data uploads to the newly created NEMSIS compliant CEMSIS database.
- b. Ensure all trauma data meets and exceeds Stanislaus and NTDS data standards by performing data audits to ensure compliance with data dictionaries.
- c. Run validation programs and correct all errors with trauma data before submission to the EMS Agency and NTDS.
- d. Utilize trauma data reports to identify trends of injuries, areas of improvement, and benchmarking to enhance the care provided to trauma patients and to direct injury prevention activities.
- e. Continue to encourage all local Trauma Centers within our region to participate in the American College of Surgeons, TQIP program.
- f. Become proficient in using ImageTrend Patient Registry, the Agencies new trauma data repository.

**Objective 2:** Increase trauma primary prevention activities.

- a. Continue to participate in primary injury prevention activities as time permits.
- b. Encourage an environment where all EMS providers contribute to community injury prevention activities.

Examples: Stop the Bleed, Safe Kids and Teen Impact Driving

- c. Monitor prevention activities.

**Objective 3:** Expand trauma care in the region to include working with referring hospitals.

- a. Foster relationships with community based non-trauma centers by including them in trauma system activities.
- b. Continue outreach activities such as the Rural Trauma Team Development Course and use of the inter-facility trauma transfer poster.

**Objective 4:** Participate in the development of the California State Trauma Plan and the Central California Regional Trauma Coordinating Committee.

- a. Encourage system participants to be involved in the development of the State Trauma Plan, regional and state trauma system and to attend annual trauma summits. The Stanislaus QI/Trauma Care Coordinator attends the annual State Trauma Summit as well as regional trauma symposiums.
- b. Encourage system participants to participate and attend RTCC committee meetings, activities, and educational programs.
- c. Collaborate with regional partners to develop interfacility transfer guidelines for level non-trauma centers within the region. This will include a comprehensive data evaluation from regional centers as the basis for guideline development.

**Objective 5:** Evaluate trauma care policies and procedures to ensure processes are current and quality care is provided.

- a. Continue to evaluate local policies and procedures with current standards of care to ensure policies remain up to date.
- b. Continue to evaluate the care provided to our trauma population through the various quality care committees, such as pre-hospital Local Quality Improvement Groups, System Status Committee, Trauma Audit Committees, Regional Trauma Coordinating Committee, etc.

**Objective 6:** Provide trauma care education to system participants on current trends, new standards and quality issues that affect the care of trauma patients.

- a. Continue to provide educational training to system participants through programs such as Pre-hospital Trauma Symposium, Seldom Used Skill Training, SCEMSA Train the Trainer events, pre-hospital case review at TAC, etc.
- b. Continue training and certification requirements outlined in policy and contracts to include *basic trauma life support, pre-hospital trauma life support, international trauma life support, trauma nurse core curriculum, etc.*

**Objective 7:** Coordinate Performance Improvement Program activities with system participants.

- a. Provide staff to organize and support various quality committees and encourage participation from system constituents.
- b. Evaluate system performance indicators on annual basis to assess, track and trend different aspects of trauma care.
- c. Trauma Centers will maintain ACS verifications and Title 22 designation requirements. They will participate and pass site surveys every two years.

**Objective 8:** Implement innovative ideas in improving patient outcomes based on best practices and state approval.

**Section 5: IMPLEMENTATION SCHEDULE**

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No implementations

**Section 6: SYSTEM PERFORMANCE IMPROVEMENT**

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System Performance Improvements:

1. The Agency, in cooperation with the Merced County EMS Agency, re-established a Merced Trauma Advisory Committee with participation by Stanislaus County Trauma Centers as well as Agency personnel. The Agency QI/Trauma Coordinator and Executive Director regularly attend this meeting. This meeting was cancelled for 2020 due to COVID-19 restrictions. Stanislaus EMS Agency is working with Merced County EMS Agency to reestablish this meeting.
2. The Merced County Executive Director and EMS Medical Directors from both the EMS Agency and Ambulance Provider regularly attend the Stanislaus County TAC.
3. Continue to encourage catchment area referral hospitals to host the RTTDC at their facilities.
4. Continued to educate hospitals through on-site education as well as case review at TAC regarding expediting “Door In/Door Out” for critical trauma patient transfers. Specifically, the incorporation of expedited patient movement through hospital transfer centers.
5. Continue to distribute and re-educate non-trauma centers in the trauma system catchment area to the regional trauma transfer guideline poster.

**Section 7: EMS AUTHORITY TRAUMA SYSTEM PLAN COMMENTS**

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No Comments



THE  
**COMMITTEE**  
ON **TRAUMA**



July 30, 2021

Warren Kirk  
Chief Executive Officer  
Doctors Medical Center  
1441 Florida Avenue  
Modesto, CA 95350

Dear Mr. Kirk:

Please accept our apologies for the delay in releasing your report.

The Committee on Trauma would like to extend its congratulations to Doctors Medical Center on its verification as a Level II trauma center for a period of 3 years, expiring on July 9, 2024. The Verification Review Committee (VRC), a subcommittee of the Committee on Trauma of the American College of Surgeons, have very carefully reviewed the enclosed reverification report written by Drs. Andre Campbell (lead reviewer) and Billy Morgan, after the visit of June 1 and 2, 2021.

The Committee on Trauma's certificate of verification will arrive under separate cover within the next several weeks.

Thank you for your continued participation and support of the Verification, Review, & Consultation Program of the Committee on Trauma of the American College of Surgeons. As always, we will be glad to answer any questions you may have and look forward to working with your trauma center in the future.

Sincerely,

William Marx, DO, FACS  
Chair, Verification Review Committee

Nilda Garcia, MD, FACS  
Vice-Chair, Verification Review Committee

cc: Rohini Bogineni, MD  
Jan Cartner  
Mountain Valley EMS Agency



AMERICAN COLLEGE OF SURGEONS  
*Inspiring Quality*  
*Highest Standards. Better Outcomes*



THE  
**COMMITTEE**  
ON **TRAUMA**



August 17, 2021

Eugene Patrizio  
Chief Executive Officer  
Memorial Medical Center  
1700 Coffee Road  
Modesto, CA 95355

Dear Mr. Patrizio:

The Committee on Trauma would like to extend its congratulations to Memorial Medical Center on its verification as a Level II trauma center for a period of 3 years, expiring on July 10, 2024. The Verification Review Committee (VRC), a subcommittee of the Committee on Trauma of the American College of Surgeons, has very carefully reviewed the enclosed reverification report written by Drs. Frederic Cole (lead reviewer) and Stephen Kaminski after the visit of June 17 and 18, 2021.

The Committee on Trauma's certificate of verification will arrive under separate cover within the next several weeks.

Thank you for your continued participation and support of the Verification, Review, & Consultation Program of the Committee on Trauma of the American College of Surgeons. As always, we will be glad to answer any questions you may have and look forward to working with your trauma center in the future.

Sincerely,

William Marx, DO, FACS  
Chair, Verification Review Committee

Nilda Garcia, MD, FACS  
Vice-Chair, Verification Review Committee

cc: Tony Tam, MD  
Michael Taylor  
Mountain Valley Emergency Medical Services Agency



100 years

AMERICAN COLLEGE OF SURGEONS  
*Inspiring Quality  
Highest Standards, Better Outcomes*



**Stanislaus County**  
**Emergency Medical Services Agency**

# Emergency Medical Services Quality Improvement Program

Stanislaus Emergency Medical Services  
Agency

2023

## **I. Purpose**

The purpose of the EMS Quality Improvement Plan (EQIP) is to provide structure and guidance for the quality improvement (QI) coordinators of EMS provider agencies within Stanislaus County. The EQIP describes the layout, requirements, and responsibilities of quality improvement programs at county and private provider levels. The EQIP also provides a detailed description of the administrative and committee structure of the Stanislaus County Emergency Medical Services Agency's QI network.

## **II. Summary of Program**

The Stanislaus County EMS Agency is committed to providing quality services to all our communities. We are dedicated to improving patient outcomes to those we serve. Quality improvement occurs system-wide, as well as with individual organizations that are part of the Stanislaus County EMS system. Through the quality improvement committees and data collected from the EMS system and its hospitals, strategic changes are utilized to enhance the system, address weaknesses and promote the use of evidence to inform our decision making. These practices are integrated into the core operations of our provider agencies, as well as at the system level. The quality improvement program affords all participants, from administrator to first responder, an opportunity to affect change within the system. It provides a process to identify performance standards, to measure success, to report on progress, and ensures the system achieves the desired outcomes.

The Stanislaus County EMS Quality Improvement (QI) Program also serves as a guideline for providers in the development of their organizational QI plans (EQIP). These QI plans are submitted annually to ensure compliance with California State Regulations and Stanislaus County policy and protocol. Training and education are an important aspect of every QI program. Starting with our system quality improvement coordinator the agency has provided education to our committee members on data analysis and quality improvement methodologies.

## **III. Mission & Organizational Description**

The mission of Stanislaus County EMS Agency is to ensure the Emergency Medical Services System is providing the highest standard of care in a cost-effective manner and to provide the framework for quality improvement to the citizens residing in the County and for those who travel through or visit Stanislaus County.

Stanislaus County Emergency Medical Services Agency (SCEMSA) is a new EMS agency created on July 1, 2022. On March 30, 2021, the Stanislaus County Board of Supervisors authorized the Chief Executive Officer to issue a termination notice to the MVEMSA JPA Board to withdraw from the JPA, effective July 1, 2022. SCEMSA is a division of the Stanislaus County Sheriff's Department under the Office of Emergency Services. The Stanislaus County

Board of Supervisors will be the governing body over all SCEMSA activity. Prior to July 1, 2022, Stanislaus County was a member of the MVEMSA JPA, which served Alpine, Amador, Calaveras, Mariposa and Stanislaus Counties.

In 2021, Stanislaus County had a population of 553,000 people and encompasses a total area of 1,515 square miles. The area ranges from rural areas to large suburban areas. Highway 99 runs through Stanislaus County from the Merced County border to the border of San Joaquin County. Interstate 5 touches the most western portion of Stanislaus County near the city of Patterson. Interstate 5 and Highway 99 are highly traveled freeways that run north and south through the County.

Stanislaus County has 3 exclusive and 1 nonexclusive ambulance operating areas for 911 service within the county. Stanislaus County also has a mix of paid and volunteer fire departments that respond to 911 EMS calls for service. The paid fire departments respond at a minimum EMT level with some ALS engines responding within Stanislaus County. The volunteer departments respond at a minimum Emergency Medical Responder level with some volunteers having acquired EMT certification. There are also 2 air ambulance providers located in Stanislaus County.

Richard Murdock, Chief of Emergency Services, is the Chief Executive for SCEMSA. Chief Murdock has over 30 years of experience in Emergency Services, including being the Executive Director of MVEMSA before leaving in 2017 for Stanislaus County. Stanislaus County Emergency Services has 5 divisions, Emergency Management, Emergency Medical Services, Fire Warden's Office, County Security/Threat Assessment Center and the Regional 911 Dispatch Center. Richard holds a Bachelor's Degree in Health Administration.

Dr. Greg Kann is the Medical Director for SCEMSA. Dr Kann was MVEMSA Medical Director and continued in that role for SCEMSA starting 7/1/2022. Dr. Kann oversees all medical and clinical components of the EMS system. This includes policy and protocol development, all equipment approval, emergency medical dispatch, all equipment approval, base station operations, specialty care centers and continuous quality improvement. The EMS medical director is assisted by the EMS Director, the quality improvement coordinator, and specialty care coordinator.

Chad Braner is the EMS Director for SCEMSA. The EMS Director leads and directs the SCEMSA and administers and monitors the Emergency Medical Services Agency by planning, coordinating, and integrating activities of both public and private emergency health care services and, by managing and supervising professional and other staff in the Quality Improvement program. Chad started his EMS career as an EMD certified dispatcher and then became an EMT. Chad continued his education and became a Paramedic and eventually obtained his Flight Paramedic Certification (FP-C). Chad also has experience as a Clinical Manager in the EMS industry. Chad holds a Bachelor's Degree in Physiology.

David Murphy is the Quality Improvement & Trauma Coordinator for SCEMSA. David is responsible for the development and implementation of the SCEMSA quality improvement (QI) plan, oversight of prehospital QI process, outcome, and education. David also serves as clinical liaison to all prehospital providers and the base stations. David is also responsible for oversight

of the Trauma Program and works with the 2 Level II Trauma centers in Stanislaus County. David has over 30 years of experience in EMS. David began his career as an EMT and volunteer firefighter. David obtained his Paramedic and worked over 25 years on an ALS ambulance. David has over 5 years of experience in as a Clinical Manager before starting with SCEMSA.

Justin Murdock is the STEMI and Stroke Coordinator for SCEMSA. Justin was the STEMI and Stroke Coordinator for MVEMSA and was hired to continue this role for SCEMSA. Justin works closely with the 3 STEMI receiving centers in Stanislaus County as well as working with the 2 Primary Stroke centers and 1 Comprehensive Stroke center in Stanislaus County. Justin worked as the STEMI and Stroke Coordinator for MVEMSA for over 2 years. Justin is a Paramedic has been in EMS for over 10 years.

Dr. Kann, Chad, David and Justin (SCEMSA's quality staff) work together to lead SCEMSA and the EMS providers in improving the quality of the care given to the residents and visitors of Stanislaus County. SCEMSA's quality staff also monitor the overall performance of each specialty care center located within Stanislaus County. This process is primarily driven through SCEMSA's 4 quality improvement committees, Local Quality Improvement Group (LQIG), Regional STEMI Committee, Regional Stroke Committee, and Trauma Audit Committee (TAC).

Local Quality Improvement Group (LQIG) is a committee comprised of SCEMSA staff, EMS Liaison nurse from each Base Hospital and members from each EMS providers, both first responders and transport agencies, in Stanislaus County. SCEMSA's Medical Director leads LQIG and directly oversees all functions and activities produced from this committee. This committee reviews and studies all aspects of EMS prehospital care. The committee is responsible for determining pre-hospital quality metrics annually, protocol and policy development, equipment evaluation and the implementation of system wide CQI processes to address system performance issues. This committee works closely with SCEMSA's 3 other specialty care committees to disseminate information, CQI initiatives and clinical education for the EMS providers in Stanislaus County.

Regional STEMI Committee is a committee comprised of SCEMSA staff, the Medical Directors and program managers from each approved STEMI receiving center, EMS Liaison nurse from each Base Hospital and members from each EMS providers, both first responders and transport agencies, in Stanislaus County. This committee reviews all relevant chest pain and STEMI metrics from both pre-hospital and the STEMI centers and uses the results from these metrics to make any system improvements.

Regional Stroke Committee is a committee comprised of SCEMSA staff, the Medical Directors and program managers from each approved Stroke receiving center, EMS Base Hospital Liaison nurse, and members from each EMS providers, both first responders and transport agencies, in Stanislaus County. This committee reviews all relevant Stroke care metrics from both pre-hospital and the agency designated Stroke centers and uses the results from these metrics to make any system improvements.

Trauma Audit Committee (TAC) is a committee comprised of SCEMSA staff, the Medical Directors and program managers from each approved Trauma receiving center, EMS Liaison nurse from each Base Hospital and members from each EMS providers, both first responders and transport agencies, in Stanislaus County. This committee is the medical care review committee as well as an advisory group for the trauma system.

## **II. Data Collection and Reporting**

Stanislaus County Emergency Medical Services Agency (SCEMSA) requires each prehospital provider, air, fire first responders, and transport agencies, to complete an Electronic Patient Care Report (EPCR) which complies with NEMSIS and CEMSIS standards. SCEMSA requires each agency to submit this data to SCEMSA's data repository which is hosted by ImageTrend. SCEMSA then sends the required NEMSIS and CEMSIS data to the state designated data repository. SCEMSA requires access to each agency's EPCR platform to review EPCR's as needed.

SCEMSA has also purchased an Online Compliance Utility (OCU) and clinical performance monitoring program (FirstPass) with FirstWatch. Every EMS dispatch CAD information is sent to FirstWatch and stored within FirstWatch's database. Each Ambulance providers operational area has designated response time requirements and SCEMSA uses FirstWatch's robust OCU system to monitor and report on each agencies performance.

SCEMSA is currently working with FirstWatch to fully develop and integrate FirstPass into the CQI process. The goal is to have both fire and transport provider EPCR data matched for each EMS patient encounter to enable a complete understanding of the care delivered to every patient.

SCEMSA requires each STEMI Receiving Center to be certified by the American College of Cardiology (ACC) and to submit STEMI data to the ACC National Cardiac Data Registry (NCDR). Each designated STEMI center must extract and submit data to the NCDR and then report to SCEMSA all relevant data points for STEMI system monitoring. This data is then reviewed by the Regional STEMI Committee.

SCEMSA requires each Stroke Receiving Center (SRC) to be certified by the Joint Commission as a SRC and to submit data to the AHA "Get with the Guidelines". SCEMSA has attained "Superuser Access" which allows SCEMSA access to system wide stroke data. Each SRC must extract and submit to the AHA database all relevant data points in a timely manner. This data is then reviewed by the Regional Stroke Committee for Stroke system monitoring.

SCEMSA requires each designated Trauma Center to be verified by the American College of Surgeons (ACS) and to submit data to the ACS Trauma Quality Improvement Program (TQIP) database. SCEMSA also has purchased a data repository which is hosted by ImageTrend. Each Trauma Center must submit their TQIP data to SCEMSA's data repository in a timely manner. The TQIP data is the reviewed by the Trauma Audit Committee for Trauma system monitoring.

SCEMSA also participates in the Cardiac Arrest Registry to Enhance Survival (CARES). The CARES data is extracted from EPCR data from the prehospital providers and from each hospital

within Stanislaus County. The CARES data is reviewed each year to help improve outcomes for patients who experience sudden cardiac arrest.

SCEMSA has developed a robust prehospital quality metrics program. These metrics are required for each ALS provider both transport and non-transport within Stanislaus County. These metrics are collected quarterly from each provider and combined and evaluated on a system wide basis. The metrics come from the LQIG committee and are updated annually if needed.

### III. Evaluation of Indicators

The following quality metrics are examples for 2023 (full list in the Appendix)

2023 Stanislaus County EMSA Quarterly QI Metrics					
<b>Advanced Airways - i Gel &amp; ETT - goal 95% compliance</b>					
<b>Overall protocol compliance</b>	<b>#DIV/0!</b>				
	<b>#pt's</b>	<b>Completed</b>	<b>metric met %</b>		
Advanced Airway success rate	0	0	0	#DIV/0!	
ETCO2 values documented initial & transfer	0	0	0	#DIV/0!	
ETCO2 waveform attached initial & transfer	0	0	0	#DIV/0!	
2 confirmation techniques documented	0	0	0	#DIV/0!	
ETT success rate	0	0	0	#DIV/0!	
i Gel success rate	0	0	0	#DIV/0!	
<b>Cardiac Arrest (medical) - goal 90% compliance</b>					
<b>Overall compliance</b>	<b>#DIV/0!</b>				
	<b># arrests</b>	<b>Completed</b>	<b>metric met %</b>		
Initial Rhythm documented	0	0	0	#DIV/0!	
ETCO2 values documented	0	0	0	#DIV/0!	
Rhythm changes documented	0	0	0	#DIV/0!	
Protocol compliant	0	0	0	#DIV/0!	
All CPR pauses <10 seconds	0	0	0	#DIV/0!	
Arrests with pauses > 10 secs	0	0	0	#DIV/0!	Track & Trend metric
Arrests with multi > 10 secs	0	0	0	#DIV/0!	Track & Trend metric
ROSC	0	0	0	#DIV/0!	Track & Trend metric

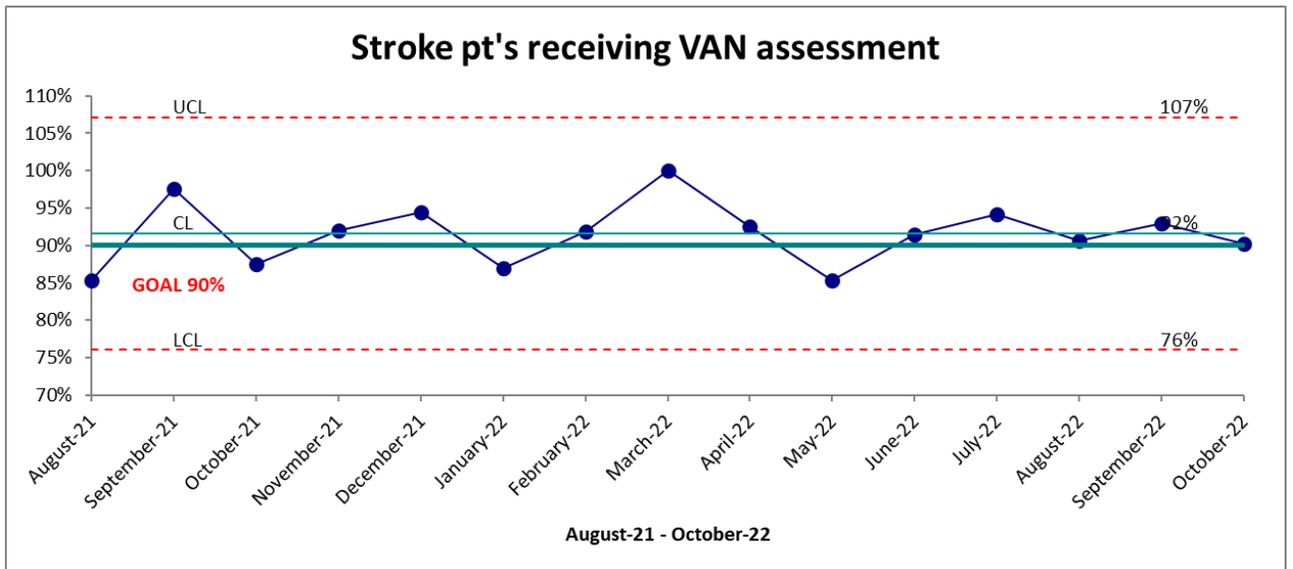
<b>Cardiac Chest Pain - goal 90% compliance</b>					
<b>Overall compliance</b>	<b>#DIV/0!</b>				
	<b># pt's</b>	<b>Completed</b>	<b>metric met %</b>		
1st medical conatct - ECG < 10 minutes	0	0	#DIV/0!		
ASA given & documented in treatment	0	0	#DIV/0!		
NTG given & documented in treatment	0	0	#DIV/0!		
1st medical conatct - ECG (avg.)			#DIV/0!	Track & Trend metric	
Pain management for pain > 5	0	0	#DIV/0!	Track & Trend metric	
Fentanyl administration	0			Track & Trend metric	
Morphine administration	0			Track & Trend metric	

<b>STEMI's - goal 90% compliance</b>					
<b>Overall compliance</b>	<b>#DIV/0!</b>				
	<b># pt's</b>	<b>Completed</b>	<b>metric met %</b>		
1st medical contact - ECG <10 minutes	0	0	#DIV/0!		
1st medical contact - transport < 15 min	0	0	#DIV/0!		
ASA given & documented in treatment	0	0	#DIV/0!		
NTG given & documented in treatment	0	0	#DIV/0!		
STEMI Alert documented	0	0	#DIV/0!		
12 lead transmitted	0	0	#DIV/0!		
1st medical conatct - Transport (avg)			#DIV/0!	Track & Trend metric	
1st medical conatct - ECG (avg.)			#DIV/0!	Track & Trend metric	
Pain management for pain > 5	0	0	#DIV/0!	Track & Trend metric	
Fentanyl administration	0			Track & Trend metric	
Morphine administration	0			Track & Trend metric	

The required quality metrics will be reviewed by the LQIG committee each quarter. SCEMSA will also produce an annual report on the quality metrics collected each calendar year. SCEMSA will also disseminate the results of the quality metrics to the field providers and stakeholders within Stanislaus County. SCEMSA and the LQIG Committee will also use the quality metrics to identify system wide quality improvement projects to improve and enhance the patient care in the EMS system.

Data transparency and accuracy are crucial for any CQI program. SCEMSA believes in examining quality metrics in an aggregate format and in Process Control Charts. The following is an example of both formats.

<b>Stroke - goal 90% compliance</b>			
<b>Overall compliance</b>	<b>71.43%</b>		
	<b># pt's</b>	<b>Completed</b>	<b>metric met %</b>
1st medical contact - transport < 15 min	7	6	85.71%
CPSS performed and documented	7	7	100.00%
VAN performed and documented	7	5	71.43%
Glucose check documented	7	7	100.00%
LKWT documented	7	6	85.71%
Stroke Alert documented	7	6	85.71%
<b>1st medical contact - transport (avg)</b>			<b>0:13:29</b>
			<b>Track &amp; Trend metric</b>



These formats enhance the ability to properly monitor system performance on a regular basis. SCEMSA will also make this data available for all stakeholders within Stanislaus County. This data analysis and visualization will also be shared with all 4 SCEMSA quality improvement committees.

#### IV. Action to Improve

Continuous Quality Improvement (CQI) programs are composed of 3 parts, Quality Assurance (QA), Quality Improvement (QI) and Quality Management (QM).

QA is the attempt to maintain a given level of quality or performance. This is accomplished by monitoring standard benchmark and key performance indicator (KPI) reports that highlight the critical aspects of the EMS System. As variances in performance are noted, quality improvement projects may be employed.

QI is the process of identifying opportunities for improvement through evaluation of QA KPI's. Once an area of improvement is identified then the QI process can begin (QI Project). Most QI Projects will follow the DMAIC methodology.

QM is the fine balance between QA & QI, it is this process applies to all aspects an EMS organization does to provide care and service to the people it serves.

**DMAIC** is an abbreviation of the five improvement steps it comprises: Define, Measure, Analyze, Improve and Control. All the DMAIC process steps are required and always proceed in the given order.

### **Define**

The purpose of this step is to clearly pronounce the problem, goal, potential resources, project scope and high-level project timeline. This information is typically captured within the project charter document. Write down what is currently known. Seek to clarify facts, set objectives, and form the project team.

### **Measure**

The purpose of this step is to measure the specification of problem/goal. This is a data collection step, the purpose of which is to establish process performance baselines. The performance metric baseline(s) from the Measure phase will be compared to the performance metric at the conclusion of the project to determine objectively whether significant improvement has been made. The team decides on what should be measured and how to measure it

### **Analyze**

The purpose of this step is to identify, validate and select root cause for elimination. Many potential root causes of the project problem are identified via root cause analysis (for example, a fishbone diagram). The top three to four potential root causes are selected using multi-voting or other consensus tool for further validation. A data collection plan is created, and data are collected to establish the relative contribution of each root causes to the project metric. This process is repeated until "valid" root causes can be identified. Within Six Sigma, often complex analysis tools are used. However, it is acceptable to use basic tools if these are appropriate. Of the "validated" root causes, all or some can be.

- List and prioritize potential causes of the problem
- Prioritize the root causes (key process inputs) to pursue in the Improve step
- Identify how the process inputs affect the process outputs. Data are analyzed to understand the magnitude of contribution of each root cause, to the project metric. Statistical tests using p-values accompanied by Histograms, Pareto charts, and line plots are often used to do this.
- Detailed process maps can be created to help pinpoint where in the process the root causes reside, and what might be contributing to the occurrence.

### **Improve**

The purpose of this step is to identify, test and implement a solution to the problem. Identify solutions to eliminate the key root causes in order to fix and prevent process problems. Some projects can utilize complex analysis tools like DOE (Design of Experiments) but try to focus on obvious solutions if these are apparent. However, the purpose of this step can also be to find solutions without implementing them.

- Create
- Focus on the simplest and easiest solutions
- Test solutions using plan-do-check-act (PDCA) cycle

- Based on PDCA results, attempt to anticipate any avoidable risks associated with the "improvement" using Failure mode and effects analysis (FMEA)
- Create a detailed implementation plan
- Deploy improvements

### **Control**

The purpose of this step is to embed the changes and ensure sustainability, this is sometimes referred to as making the change 'stick'. Control is the final stage within the DMAIC improvement method. In this step, the following processes are undertaken amend ways of working and track improvement. A control chart can be useful during the Control stage to assess the stability of the improvements over time by 1. serving as a guide to continue monitoring the process and 2. providing a response plan for each of the measures being monitored in case the process becomes unstable.

The LQIG committee is the primary driving force to identify and implement system wide QI Projects, but any of SCEMSA's quality improvement committees could identify and lead a Quality Improvement project.

### **POLICY REVIEW PROCESS**

The policy review process is an advisory process to the EMS Agency and the EMS medical director for the formulation of medical protocols and operational policies. Policy suggestions and/or draft policies are accepted from committees, system participants, individuals, and/or interested parties.

Policies will be evaluated on an annual basis with adequate time allowed for training and distribution. Specific recommendations for additions, deletions, and/or revisions should be forwarded to the EMS Agency.

#### **Written Public Comment**

- The EMS office will distribute draft policies to the appropriate system participants and/or interested parties for written comments.
- Policies under consideration that affect the EMS system will be sent out for review by all systems participants. A policy under consideration that applies to a limited group will only be sent to those who would be directly affected.
- The time frame allowed for the return of comments will be 30 days.
- Comments may be emailed to the EMS office but must be received no later than 5:00 p.m. on the deadline date.
- All comments will be reviewed by the EMS Medical Director and EMS Agency Staff. All suggestions will be taken into consideration.

## V. Training and Education

### Paramedic and EMT Training Programs

Paramedic and EMT training programs are approved and monitored in accordance with the California Code of Regulations, Title 22, Division 9, Chapter 2, Article 3 and Chapter 4, Article 3. Training programs receive EMS education initiatives associated with treatment protocol updates and quality improvement activities.

### Continuing Education (CE) Title 22. Division 9. Chapter 11

Training and education are fundamental to the success of quality improvement and is addressed in collaboration with quality and training experts from all our partners throughout the EMS system. CE training program objectives are designed to:

- Meet state licensure/certification requirements and/or county accreditation requirements.
- Be developed with educational content to address Stanislaus County specific needs.
- Provide standards-based training for all fire and ambulance personnel.
- Integrate prehospital skills/CE training into a countywide system.
- Utilize patient simulator training countywide to achieve training objectives.
- Improve and integrate “partners” in ALS/BLS training.
- Facilitate increased interagency training to promote cooperation and respect.

## VI. Annual Update

The medical director will oversee an annual evaluation of the QI program annually by the EMS Agency, various committees, and stakeholders. An annual update will be created to inform, educate, and train all individuals involved in QI activities. At a minimum this will include the following:

- Update on new performance indicators.
- Review key improvements from the previous year.
- Review current important data and any special cause variations trends.
- A review of any policy revisions.
- A description of any changes in continuing education and skills training requirements.
- A description of priorities for the coming year.

Appendix

**2023 Stanislaus County EMSA Quarterly QI Metrics**

<b>Advanced Airways - i Gel &amp; ETT - goal 95% compliance</b>			
<b>Overall protocol compliance</b>	<b>#DIV/0!</b>		
	#pt's	Completed	metric met %
Advanced Airway success rate	0	0	#DIV/0!
ETCO2 values documented initial & transfer	0	0	#DIV/0!
ETCO2 waveform attached initial & transfer	0	0	#DIV/0!
2 confirmation techniques documented	0	0	#DIV/0!
ETT success rate	0	0	#DIV/0!
i Gel success rate	0	0	#DIV/0!

<b>Cardiac Arrest (medical) - goal 90% compliance</b>				
<b>Overall compliance</b>	<b>#DIV/0!</b>			
	# arrests	Completed	metric met %	
Initial Rhythm documented	0	0	#DIV/0!	
ETCO2 values documented	0	0	#DIV/0!	
Rhythm changes documented	0	0	#DIV/0!	
Protocol compliant	0	0	#DIV/0!	
All CPR pauses <10 seconds	0	0	#DIV/0!	
Arrests with pauses > 10 secs	0	0	#DIV/0!	Track & Trend metric
Arrests with multi > 10 secs	0	0	#DIV/0!	Track & Trend metric
ROSC	0	0	#DIV/0!	Track & Trend metric

<b>Cardiac Chest Pain - goal 90% compliance</b>				
<b>Overall compliance</b>	<b>#DIV/0!</b>			
	# pt's	Completed	metric met %	
1st medical contact - ECG < 10 minutes	0	0	#DIV/0!	
ASA given & documented in treatment	0	0	#DIV/0!	
NTG given & documented in treatment	0	0	#DIV/0!	
1st medical contact - ECG (avg.)			#DIV/0!	Track & Trend metric
Pain management for pain > 5	0	0	#DIV/0!	Track & Trend metric
Fentanyl administration	0			Track & Trend metric
Morphine administration	0			Track & Trend metric

<b>STEMI's - goal 90% compliance</b>			
<b>Overall compliance</b>	<b>#DIV/0!</b>		
	# pt's	Completed	metric met %
1st medical contact - ECG <10 minutes	0	0	#DIV/0!
1st medical contact - transport < 15 min	0	0	#DIV/0!
ASA given & documented in treatment	0	0	#DIV/0!
NTG given & documented in treatment	0	0	#DIV/0!
STEMI Alert documented	0	0	#DIV/0!
12 lead transmitted	0	0	#DIV/0!
1st medical contact - Transport (avg)			#DIV/0!
1st medical contact - ECG (avg.)			#DIV/0!
Pain management for pain > 5	0	0	#DIV/0!
Fentanyl administration	0		
Morphine administration	0		

Track & Trend metric  
Track & Trend metric  
Track & Trend metric  
Track & Trend metric  
Track & Trend metric

<b>Stroke - goal 90% compliance</b>			
<b>Overall compliance</b>	<b>#DIV/0!</b>		
	# pt's	Completed	metric met %
1st medical contact - transport < 15 min	0	0	#DIV/0!
CPSS performed and documented	0	0	#DIV/0!
VAN performed and documented	0	0	#DIV/0!
Glucose check documented	0	0	#DIV/0!
LKWT documented	0	0	#DIV/0!
Stroke Alert documented	0	0	#DIV/0!
1st medical contact - transport (avg)			#DIV/0!

Track & Trend metric

<b>Sepsis - goal 90% compliance</b>			
<b>Overall compliance</b>	<b>#DIV/0!</b>		
	#pt's	Completed	metric met %
SIRS criteria documented	0	0	#DIV/0!
Temp documented	0	0	#DIV/0!
Sepsis Alert documented	0	0	#DIV/0!
Fluid administration in ml (avg.)			#DIV/0!
Total transport time (avg.)			#DIV/0!

Track & Trend metric  
Track & Trend metric

<b>Pain Management - Track &amp; Trend metric ALS units</b>			
	#pt's	Completed	metric met %
Pain meds given for pain > 7	0	0	#DIV/0!
Pain score < or = to initial pain score	0	0	#DIV/0!

<b>Trauma scene time non MCI - goal 90%</b>			
<b>Overall compliance</b>	<b>#DIV/0!</b>		
	#pt's	Completed	metric met %
1st medical contact - transport < 15 min	0	0	#DIV/0!
Scene time (avg.)			#DIV/0!

<b>Trauma - Track &amp; Trend metrics</b>			
	#pt's	Completed	metric met %
Trauma Alert criteria documented	0	0	#DIV/0!
Trauma Alert documented	0	0	#DIV/0!
Trauma pt's transported via ground	0	0	#DIV/0!
Trauma pt's transported via air	0	0	#DIV/0!
Trauma pt's transported to trauma centers	0	0	#DIV/0!
Total MCI's			0
1st medical contact - transport MCI pt's (avg.)			#DIV/0!

<b>Medication Audits</b>				
<b>Controlled Substances - Fentanyl, Morphine, Versed</b>				
<b>Fentanyl - 10% of administrations (minimum 20 admin or up to 100%)</b>				
<b>Overall compliance</b>	#DIV/0!			
	#pt's	Completed	metric met %	
Vitals before & after administration	0	0	#DIV/0!	
Pain score before & after each administration	0	0	#DIV/0!	
Protocol compliant	0	0	#DIV/0!	
Final pain score < or = to initial pain score	0	0	#DIV/0!	Track & Trend metric
ETCO2 utilized	0	0	#DIV/0!	Track & Trend metric

<b>Morphine - 10% of administrations (minimum 20 admin or up to 100%)</b>				
<b>Overall compliance</b>	#DIV/0!			
	#pt's	Completed	metric met %	
Vitals before & after administration	0	0	#DIV/0!	
Pain score before & after each administration	0	0	#DIV/0!	
Protocol compliant	0	0	#DIV/0!	
Pain score < or = to initial pain score	0	0	#DIV/0!	Track & Trend metric
ETCO2 utilized	0	0	#DIV/0!	Track & Trend metric

<b>Versed - 10% of administrations (minimum 20 admin or up to 100%)</b>				
<b>Overall compliance</b>	#DIV/0!			
	#pt's	Completed	metric met %	
vitals before & after each administration	0	0	#DIV/0!	
GCS before & after each administration	0	0	#DIV/0!	
SPO2 before & after administration	0	0	#DIV/0!	
Protocol compliant	0	0	#DIV/0!	
ETCO2 utilized	0	0	#DIV/0!	Track & Trend metric

Local Optional Scope & High Risk Medications				
<b>Ketamine - 100% audit</b>				
<b>Overall compliance</b>	<b>#DIV/0!</b>			
	#pt's	Completed	metric met %	
Vitals before & after administration	0	0	#DIV/0!	
Pain score before & after each administration	0	0	#DIV/0!	
ETCO2 utilized	0	0	#DIV/0!	
Protocol compliant	0	0	#DIV/0!	
<b>Pain score &lt; or = to initial pain score</b>	0	0	#DIV/0!	<b>Track &amp; Trend metric</b>

<b>TXA - 100% audit</b>				
<b>Overall compliance</b>	<b>#DIV/0!</b>			
	#pt's	Completed	metric met %	
Systolic BP < 90 documented	0	0	#DIV/0!	
Vitals before & after administration	0	0	#DIV/0!	
Protocol compliant	0	0	#DIV/0!	
<b>ETCO2 utilized</b>	0	0	#DIV/0!	<b>Track &amp; Trend metric</b>

<b>Push Dose EPI - 100% audit</b>				
<b>Overall compliance</b>	<b>#DIV/0!</b>			
	#pt's	Completed	metric met %	
Systolic BP < 90 documented	0	0	#DIV/0!	
Vitals before & after administration	0	0	#DIV/0!	
SPO2 documented	0	0	#DIV/0!	
Protocol compliant	0	0	#DIV/0!	
<b>ETCO2 utilized</b>	0	0	#DIV/0!	<b>Track &amp; Trend metric</b>

<b>BLS Narcan - 100% audit</b>				
<b>Overall compliance</b>	<b>#DIV/0!</b>			
	#pt's	Completed	metric met %	
Resp < 10 documented in vitals	0	0	#DIV/0!	
Vitals documented before & after admin	0	0	#DIV/0!	
SPO2 documented before & after administration	0	0	#DIV/0!	
Protocol compliant	0	0	#DIV/0!	

<b>BLS Epinephrine IM - 100% audit</b>				
<b>Overall compliance</b>	<b>#DIV/0!</b>			
	#pt's	Completed	metric met %	
Allergic signs and symptoms documented	0	0	#DIV/0!	
Vitals documented before and after admin	0	0	#DIV/0!	
SPO2 doc before and after administration	0	0	#DIV/0!	
Protocol compliant	0	0	#DIV/0!	

**Infrequent Skills - 100% audit**

<b>i Gel</b>					
<b>Overall success rate</b>	<b>#DIV/0!</b>				
	<b>#pt's</b>	<b>Successful</b>	<b>Success rate%</b>		
1st pass success rate	0	0	0	#DIV/0!	
ETCO2 values documented initial & transfer	0	0	0	#DIV/0!	
ETCO2 waveform attached initial & transfer	0	0	0	#DIV/0!	
SPO2 values (if applicable)	0	0	0	#DIV/0!	
2 confirmation techniques documented	0	0	0	#DIV/0!	
	<b>#pt's</b>	<b>Placed</b>	<b>Placement %</b>		
ALS placement	0	0	0	#DIV/0!	Track & Trend metric
BLS placement	0	0	0	#DIV/0!	Track & Trend metric

**ETT**

<b>Overall success rate</b>	enter value				
	<b>#pt's</b>	<b>Successful</b>	<b>Success rate%</b>		
1st pass success rate	0	0	0	#DIV/0!	
ETCO2 values	0	0	0	#DIV/0!	
ETCO2 waveform attached	0	0	0	#DIV/0!	
SPO2 values (if applicable)	0	0	0	#DIV/0!	
ETT tube depth documented (lips or teeth)	0	0	0	#DIV/0!	
2 confirmation techniques documented	0	0	0	#DIV/0!	

**CPAP - BLS**

<b>Overall success rate</b>	enter value				
	<b>#pt's</b>	<b>Successful</b>	<b>Success rate%</b>		
Lung sounds documented	0	0	0	#DIV/0!	
SPO2 documented before & after placement	0	0	0	#DIV/0!	
Vitals before & after placement	0	0	0	#DIV/0!	
CPAP settings documented	0	0	0	#DIV/0!	
Protocol compliant	0	0	0	#DIV/0!	

**Needle Cricothyrotomy**

<b>Overall success rate</b>	enter value				
	<b>#pt's</b>	<b>Successful</b>	<b>Success rate%</b>		
Lung sounds documented	0	0	0	#DIV/0!	
SPO2 documented	0	0	0	#DIV/0!	
Vitals documneted	0	0	0	#DIV/0!	
Protocol compliant	0	0	0	#DIV/0!	

<b>Needle Decompression</b>					
<b>Overall success rate</b>	enter value				
	<b>#pt's</b>	<b>Successful</b>	<b>Success rate%</b>		
Lung sounds documented	0	0	#DIV/0!		
SPO2 documented	0	0	#DIV/0!		
Vitals before and after placed documented	0	0	#DIV/0!		
Decompression site documented	0	0	#DIV/0!		
Protocol compliant	0	0	#DIV/0!		
<b>ETCO2 used and documented</b>	0	0	#DIV/0!	<b>Track &amp; Trend metric</b>	

<b>Synchronized Cardioversion</b>					
<b>Overall success rate</b>	enter value				
	<b>#pt's</b>	<b>Successful</b>	<b>Success rate%</b>		
Rhythm documented	0	0	#DIV/0!		
Vitals before and after cardioversion	0	0	#DIV/0!		
Pt response documented	0	0	#DIV/0!		
ECG strips attached to epcr	0	0	#DIV/0!		
Protocol compliant	0	0	#DIV/0!		
<b>ETCO2 used and documented</b>	0	0	#DIV/0!	<b>Track &amp; Trend metric</b>	

<b>Transcutaneous Pacing</b>					
<b>Overall success rate</b>	enter value				
	<b>#pt's</b>	<b>Successful</b>	<b>Success rate%</b>		
Vitals before and after application	0	0	#DIV/0!		
SBP < 90 & HR <50	0	0	#DIV/0!		
Pacing rate and energy documented	0	0	#DIV/0!		
Protocol compliant	0	0	#DIV/0!		
<b>ETCO2 used and documented</b>	0	0	#DIV/0!	<b>Track &amp; Trend metric</b>	

<b>IO Insertion - Adult</b>			
<b>Overall success rate</b>	enter value		
	<b>#pt's</b>	<b>Successful</b>	<b>Success rate%</b>
1st Pass success rate	0	0	#DIV/0!
IO location - tibial	0	0	#DIV/0!
IO location - humeral	0	0	#DIV/0!

<b>IO Insertion - Pediatric</b>			
<b>Overall success rate</b>	#DIV/0!		
	<b>#pt's</b>	<b>Successful</b>	<b>Success rate%</b>
1st Pass success rate	0	0	#DIV/0!

<b>Tourniquets - Track &amp; Trend metric</b>			
	#pt's	Successful	Success rate%
Vitals before and after application	0	0	#DIV/0!
Approx amount of blood loss documented	0	0	#DIV/0!
Protocol compliant	0	0	#DIV/0!
Tourniquet location - upper extremity	0	0	#DIV/0!
Tourniquet location - lower extremity	0	0	#DIV/0!
Blood loss (ml) Average			#DIV/0!

<b>Hemostatic Dressings - Track &amp; Trend metric</b>			
	#pt's	Successful	Success rate%
Vitals before and after application	0	0	#DIV/0!
Approx amount of blood loss documented	0	0	#DIV/0!
Protocol compliant	0	0	#DIV/0!
Hemostatic Dressing - lower extremity	0	0	#DIV/0!
Hemostatic Dressing - upper extremity	0	0	#DIV/0!
Hemostatic Dressing - other location	0	0	#DIV/0!
Blood loss (ml) Average			#DIV/0!



**Stanislaus County Sheriff's Office  
Emergency Services Division**

**Richard Murdock  
Chief of Emergency Services**

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# **Stanislaus County EMS Agency Regional STEMI Plan**

## **Executive Summary**

California statute requires the Emergency Medical Services Authority (EMSA) adopt necessary regulation to carry out the coordination and integration of all state activities concerning Emergency Medical Services (EMS) (Health and Safety Code §1797.107).

In addition, State statute allows the EMS Authority to establish guidelines for hospital facilities, in cooperation with affected medical organizations, according to critical care capabilities (Health and Safety Code §1798.150).

As a result of these statutes, the EMS Authority established a multidisciplinary stroke taskforce for the development of ST-Elevation Myocardial Infarction (STEMI) Care Committee for the development of STEMI System of Care Regulations for California.

California's Statewide STEMI Critical Care System is described in the California Code of Regulations; Title 22, Division 9, Chapter 7.1. These regulations outline the requirements of all components of the STEMI Critical Care System including the Local EMS Agency, pre-hospital providers, and hospitals.

Data management, quality improvement and the evaluation process all play a vital role in providing high quality care to the cardiac patient and have been included as critical components to STEMI regulation. The overall goal of regulations is to reduce morbidity and mortality from acute heart disease by improving the delivery of emergency medical care within the communities of California.

Stanislaus County EMS Agency is a single county agency under that division of the Sheriff's Department that serves as the Local EMS Agency (LEMSA).

On March 30, 2021, the Stanislaus County Board of Supervisors authorized the Chief Executive Officer to issue a termination notice to the MVEMSA JPA Board to withdraw from the JPA, effective July 1, 2022. SCEMSA is a division of the Stanislaus County Sheriff's Department and will be led by the Chief of Emergency Services, Richard Murdock, and the newly appointed EMS Director, Chad Braner. The Stanislaus County Board of Supervisors will be the governing body over all SCEMSA activity.

Prior to July 1, 2022, Stanislaus County was a member of the MVEMSA JPA, which served Alpine, Amador, Calaveras, Mariposa, and Stanislaus Counties.

In 2019, Stanislaus County had a population of 551,000 people and encompasses a total area of 1,515 square miles. The area ranges from rural areas to large suburban areas. Highway 99 runs through Stanislaus County from the Merced County border to the border of San Joaquin County. Interstate 5 touches the most western portion of Stanislaus County near the city of Patterson. Interstate 5 and Highway 99 are highly traveled freeways that run north and south through the County.

The mission of Stanislaus County EMS Agency is to ensure the Emergency Medical Services System is providing the highest standard of care in a cost-effective manner and to provide the framework for quality improvement to the citizens residing in the County and for those who travel or visit the County.

Stanislaus County EMS Agency has many of these requirements in place since forming its Regional STEMI Systems of Care in 2004 including prehospital care policies to identify STEMI patients, designated STEMI receiving hospitals, and destination policies.

As a requirement of California Regulation, this document is to serve as a formal written plan for Stanislaus County EMS Agency STEMI Critical Care System.

Stanislaus County EMS Agency's STEMI Critical Care System Plan has been written in accordance with Title 22, Division 9, Chapter 7.2 of the California Code of Regulations.

## **Regional STEMI Overview**

### **EMS Agency personnel who have a role in STEMI systems of care:**

- Richard Murdock, Chief of Emergency Services Division
- Chad Braner, EMS Director
- Greg Kann, EMS Medical Director
- Dave Murphy, QI/Trauma Coordinator
- Justin Murdock, EMS STEMI/Stroke Critical Care Coordinator

### **Designated STEMI Center facilities and agreement expiration dates:**

- Memorial Medical Center, Modesto, Ca - STEMI Receiving Center
  - STEMI agreement expiration date: December 31, 2023
- Doctors Medical Center, Modesto, Ca - STEMI Receiving Center
  - STEMI agreement expiration date: December 31, 2023
- Emanuel Medical Center, Turlock Ca – STEMI Receiving Center
  - STEMI agreement expiration date: December 31, 2023

### **Policies related to STEMI Center Designation**

Stanislaus County EMS Agency has designated Memorial Medical Center, Doctors Medical Center and Emanuel Medical Center as STEMI Receiving centers within the county, which service a large catchment area that extends into multiple counties, including:

- Merced
- Tuolumne
- Parts of Calaveras
- Southern San Joaquin County, such as Ripon, Manteca, and Salida.

### **Policy related to STEMI patient identification and destination:**

- See Appendix 1A. (530.00 STEMI Triage and Destination)
- See Appendix 1B. (554.09 Coronary Ischemic Chest Discomfort)

### **Policy for field communication to the receiving hospital-specific to STEMI patients:**

- See Appendix 1A. (530.00 STEMI Triage and Destination)

# Data Collection

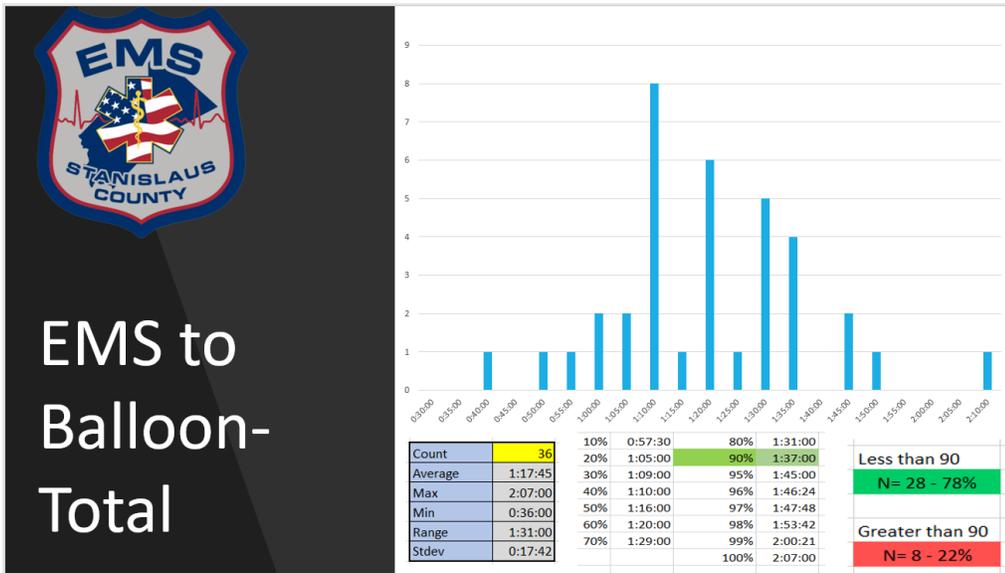
Stanislaus County EMS Agency reviews select STEMI cases and all data quarterly at Regional STEMI meeting. This group is comprised of all stakeholders within our region that participate in STEMI care, including but not limited to EMS, Fire, STEMI Receiving Centers, and STEMI Referral Hospitals. We track and trend all the following Pre-Hospital and hospital STEMI data metrics. Due to the establishment of the new EMS Agency, we were required to submit a STEMI plan to establish an approved STEMI system of care. The data, and management of this program is done manually through data collection from the hospitals, which is submitted 30-60 days after the previous quarters end. Due to this system design, a complete years' worth of data is not yet available as this STEMI plan was prepared before the end of the 4<sup>th</sup> quarter in 2022. Examples of data collection, monitor, and review at the regional STEMI meetings are provided below, and include a collated summary of quarters 1 and 2 from the 2022 Calendar year:

## Pre-Hospital STEMI Data Metrics

- First Medical Contact, to 12 Lead acquisition.

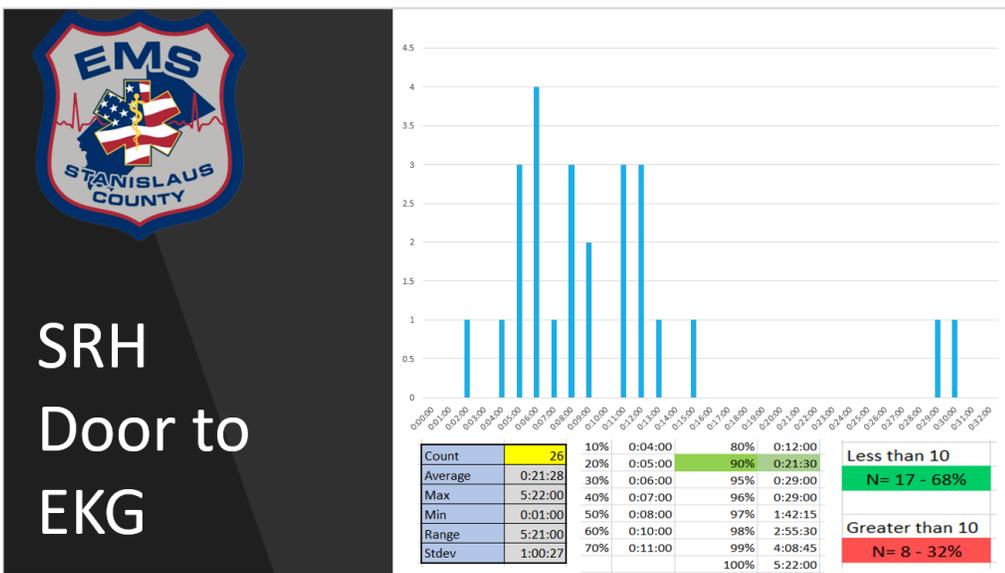


- First Medical Contact to Device.

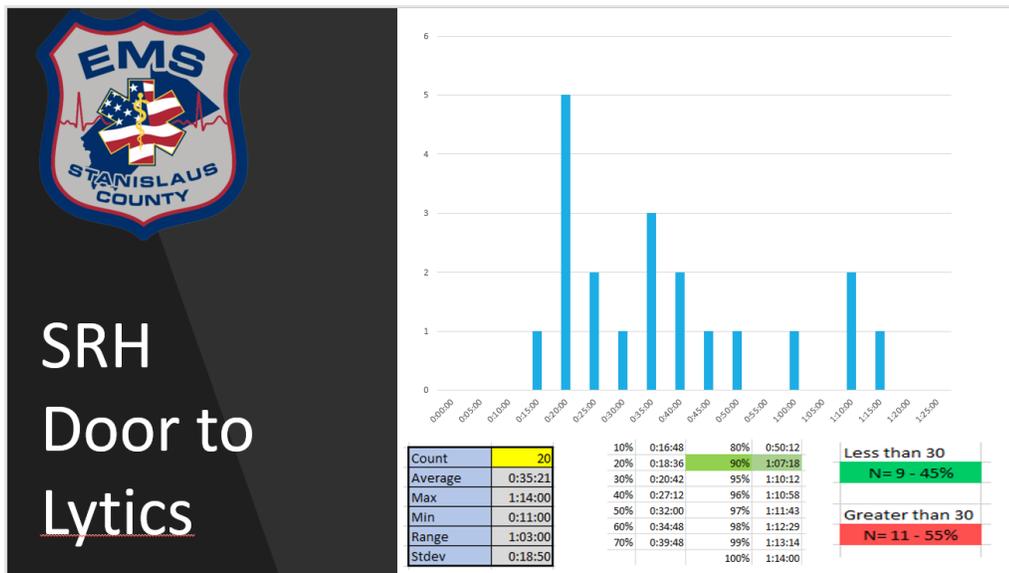


**STEMI Referral Hospital Metrics:**

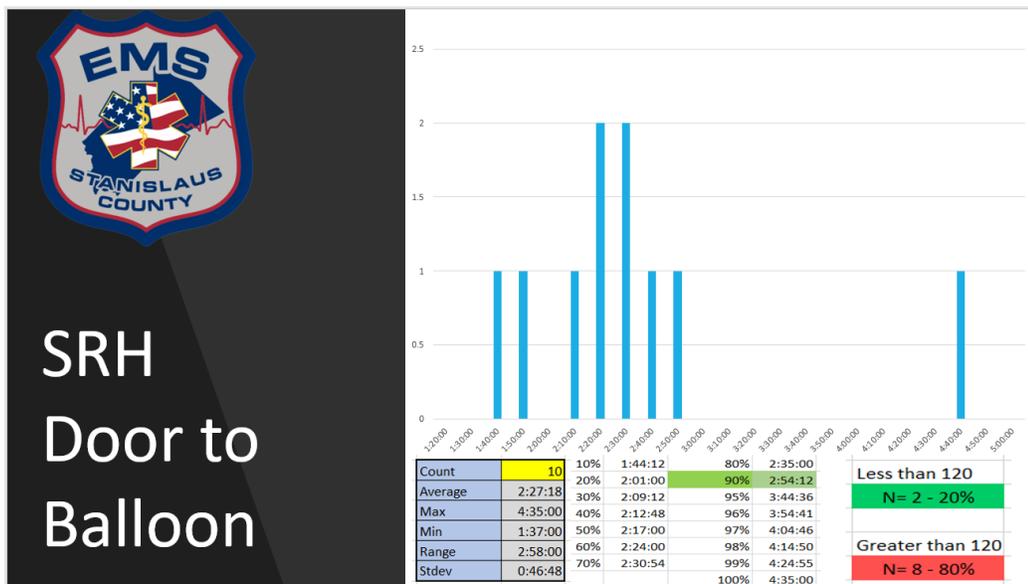
- STEMI Referral Hospital Door to EKG acquisition time.



- STEMI Referral Hospital Door to Thrombolytic administration.



- STEMI Referral Hospital Door to Device.

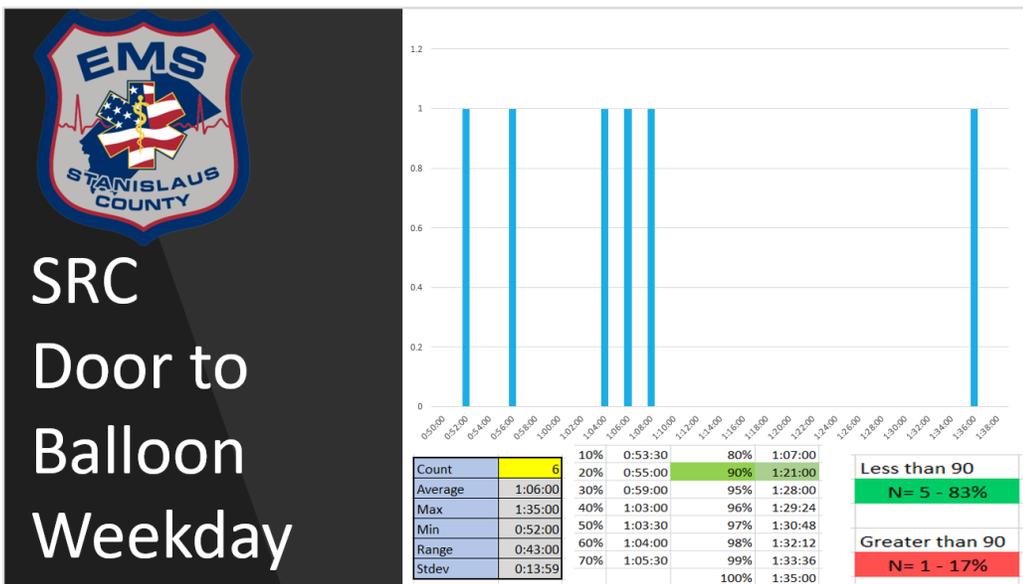


## STEMI Receiving Center Metrics

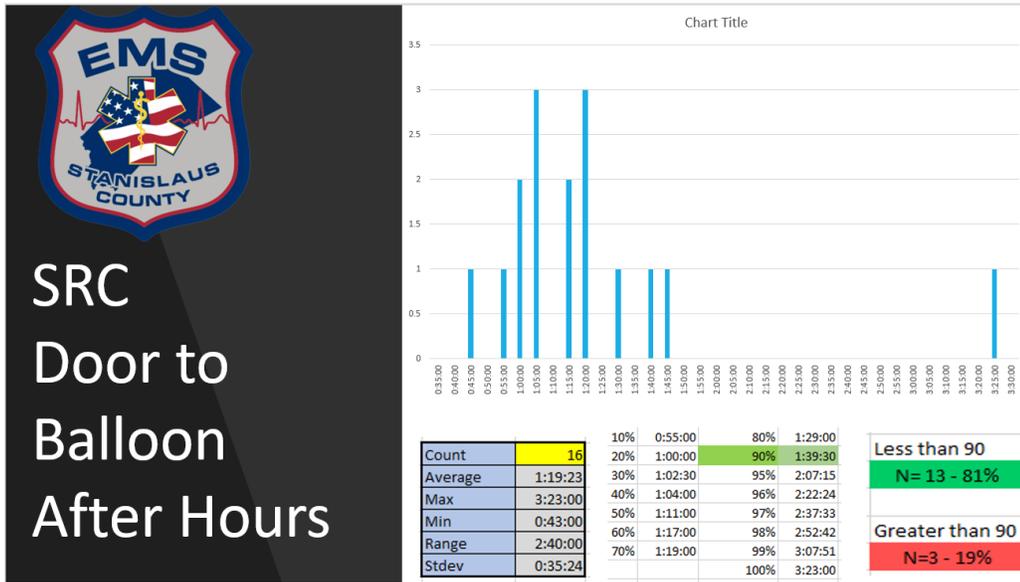
- STEMI Receiving Center Door to EKG acquisition.



- STEMI Receiving Center Door to Device Weekday (M-F, 0800-1500, no Calendar Holidays).



- STEMI Receiving Center Door to Device, Weekend (Saturday, Sunday, M-F, 1500-0800, Calendar Holidays).



## Inter-Facility Transfers

Within the county, 3 of 5 receiving hospitals are currently certified by the American College of Cardiology, as a chest pain center. Although infrequent, there may be times when a STEMI patient needs to be transferred from one acute care facility to another. For this reason, STEMI Centers have plans developed that include:

- Pre-arranged agreements with STEMI receiving hospitals for transfer of patients.
- Pre-arranged agreements with EMS providers for rapid transport of patients who are eligible for time-sensitive treatments.

Occasionally, patients may benefit by being transferred emergently from a non-STEMI-receiving hospital to a STEMI-receiving hospital. In these cases, emergency transfer protocols are in place for an emergent interfacility transport.

Stanislaus County has a policy in place to provide guidelines for ambulance transport of patients between acute care hospitals. Policy 580.11; Ambulance Transfers; outlines transfer agreements, medical control, and levels of care to ensure that patient needs are being met while providing quality rapid transport to definitive treatment.

- See Appendix 1C (580.11 Ambulance Transfers)

# Quality Improvement

## **Regional STEMI Committee**

Stanislaus County EMS Agency hosts a Regional STEMI Systems of Care meeting quarterly. This is a multi-disciplinary advisory group to the EMS Medical Director and Agency QI Personnel whose purpose is to review STEMI care and drive process changes. It is comprised of designated representatives from the EMS Agency, designated STEMI Receiving Centers, in-county and out-of-county STEMI Referral Hospitals, and ALS provider agencies. This meeting links prehospital and hospital care to offer a high-level overview and drives system changes to improve cardiac care throughout Stanislaus County, and Surrounding catchment area.

In Stanislaus County, all ALS providers utilize Physio Control Lifepack 15 cardiac monitors that can transmit real time 12-lead EKGs to our STEMI receiving Centers. This process has proven to reduce the door to Cardiac Cath Lab time, thus enhancing patient care. EMS notify the hospital by activating a "STEMI ALERT" via radio contact with the receiving STEMI facility and transmit their 12-lead EKG electronically. Additionally, false positive STEMI rates activated through the EMS system will be collected from the STEMI receiving centers and provided to Stanislaus County LEMSA. This addition of data collection point will be reviewed by the Local Quality Improvement Group, and STEMI regional committee and will begin to evaluate over triage of STEMI alerts.

In February of each calendar year, the three designated STEMI Receiving Centers cooperatively host "Cardiovascular Conference." Due to restriction imparted during the COVID pandemic, the Cardiovascular Conference was postponed in 2020, as well as 2021 and will be hosted with a tentative date of February 24<sup>th</sup>, 2023. Topics surround cardiovascular care, Stroke care, innovative ideas, and EMS processes. These events are rotated evenly amongst our three designated centers annually with Emanuel Medical Center hosting the event in 2021.

## **Public Education:**

Public education is vitally important in the ongoing recognition and treatment of STEMI and cardiac arrest patients. Due to the COVID pandemic, and state mandated restrictions to social gatherings, public education could not be completed. We will resume public education in 2023, as the mandated COVID gathering restrictions allow. When the resumption of gatherings and training activities takes place, a few examples of the education that is typically provided are below:

- Community "Hands Only CPR". The amount of people trained at these events are tracked quarterly with a yearly average of 1500 community members trained.
- Regional "Cardiovascular Conference" annually.
- Annual "Heart Walk" conducted by the STEMI Receiving Centers.

**Appendix 1A**  
**Policy 530.00 (STEMI Triage & Destination)**

**Appendix 1B**  
**Policy 554.09 (Coronary Ischemic Chest Discomfort)**

**Appendix 1C**  
**Policy 580.11 (Ambulance Transfers)**



**Stanislaus County Sheriff's Office  
Emergency Services Division**

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Chief of Emergency Services**

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# Stanislaus County EMS Agency Regional Stroke Plan

# Executive Summary

California statute requires the Emergency Medical Services Authority (EMSA) adopt necessary regulation to carry out the coordination and integration of all state activities concerning Emergency Medical Services (EMS) (Health and Safety Code §1797.107).

In addition, State statute allows the EMS Authority to establish guidelines for hospital facilities, in cooperation with affected medical organizations, according to critical care capabilities (Health and Safety Code §1798.150).

As a result of these statutes, the EMS Authority established a multidisciplinary stroke taskforce for the development of Stroke System of Care Regulations for California.

California's Statewide Stroke Critical Care System is described in the California Code of Regulations; Title 22, Division 9, Chapter 7.2. These regulations outline the requirements of all components of the Stroke Critical Care System including the Local Emergency Medical Services Agency (LEMSA), prehospital providers, and hospitals.

Data management, quality improvement and the evaluation process all play a vital role in providing high quality care to the stroke patient and have been included as critical components to stroke regulation. The overall goal of regulations is to reduce morbidity and mortality from acute stroke disease by improving the delivery of emergency medical care within the communities of California.

Stanislaus County EMS Agency is a single county agency under that division of the Sheriff's Department that serves as the Local EMS Agency (LEMSA).

On March 30, 2021, the Stanislaus County Board of Supervisors authorized the Chief Executive Officer to issue a termination notice to the MVEMSA JPA Board to withdraw from the JPA, effective July 1, 2022. SCEMSA is a division of the Stanislaus County Sheriff's Department and will be led by the Chief of Emergency Services, Richard Murdock, and the newly appointed EMS Director, Chad Braner. The Stanislaus County Board of Supervisors will be the governing body over all SCEMSA activity.

Prior to July 1, 2022, Stanislaus County was a member of the MVEMSA JPA, which served Alpine, Amador, Calaveras, Mariposa, and Stanislaus Counties.

In 2019, Stanislaus County had a population of 551,000 people and encompasses a total area of 1,515 square miles. The area ranges from rural areas to large suburban areas. Highway 99 runs through Stanislaus County from the Merced County border to the border of San Joaquin County. Interstate 5 touches the most western portion of Stanislaus County near the city of Patterson. Interstate 5 and Highway 99 are highly traveled freeways that run north and south through the County.

The mission of Stanislaus County EMS Agency is to ensure the Emergency Medical Services System is providing the highest standard of care in a cost-effective manner and to provide the framework for quality improvement to the citizens residing in the County and for those who travel or visit the County.

Stanislaus County EMS Agency has many of the processes in place to meet EMSA guidelines and regulation, including prehospital care policies to identify stroke patients, designated stroke receiving hospitals, and stroke patient destination policies.

As a requirement of California Regulation, this document is to serve as a formal written plan for Stanislaus County EMS Agency Stroke Critical Care System.

Stanislaus County EMS Agency's Stroke Critical Care System Plan has been written in accordance with Title 22, Division 9, Chapter 7.2 of the California Code of Regulations.

# Regional Stroke Overview

## **EMS Agency personnel who have a role in Stroke systems of care:**

- Richard Murdock, Chief of Emergency Services Division
- Chad Braner, EMS Director
- Greg Kann, EMS Medical Director
- Dave Murphy, QI/Trauma Coordinator
- Justin Murdock, EMS STEMI/Stroke Critical Care Coordinator

## **Designated Stroke Center facilities and agreement expiration dates:**

- Memorial Medical Center, Modesto, Ca – Primary Stroke Receiving Center
  - Stroke agreement expiration date: December 31<sup>st</sup>, 2023
- Doctors Medical Center, Modesto, Ca – Comprehensive Stroke Receiving Center
  - Stroke agreement expiration date: December 31<sup>st</sup>, 2023
- Kaiser Modesto, Modesto Ca – Primary Stroke Receiving Center
  - Stroke agreement expiration date: December 31<sup>st</sup>, 2023

## **Policies related to Primary Stroke Center Designation**

Stanislaus County EMS Agency has designated Memorial Medical Center, and Kaiser Modesto as Primary Stroke Receiving centers...Stanislaus County EMS Agency designated Doctor's Medical Center in Modesto as a Comprehensive Stroke Center in October of 2020. As a result, Policy 522.20 Stroke Triage and Destination was updated to reflect changes related to field identification and triage of Large Vessel Occlusion (LVO) strokes. Appropriate stroke identification and triage is based around the V.A.N. assessment, which identifies LVO strokes by evaluation of a patient's cortical functions, such as Vision field cut, Aphasia, and unilateral Neglect. Patient's that are identified as VAN positive, are eligible to be transported directly to a Comprehensive Stroke Center, as outlined in Policy 522.20, Stroke Triage and Destination.

All three designated Stroke Centers within Stanislaus County participate in "Get with The Guidelines" with Stanislaus County EMS Agency having been granted "Superuser Access." This will streamline the data submission and the collection process to build a more robust Stroke systems of care.

- See Appendix 1A. (522.00 Primary Stroke Center Designation)

## **Policy related to Stroke patient identification and destination:**

- See Appendix 1B. (520.20 Stroke Triage and Destination)

## **Policy for field communication to the receiving hospital-specific to STEMI patients:**

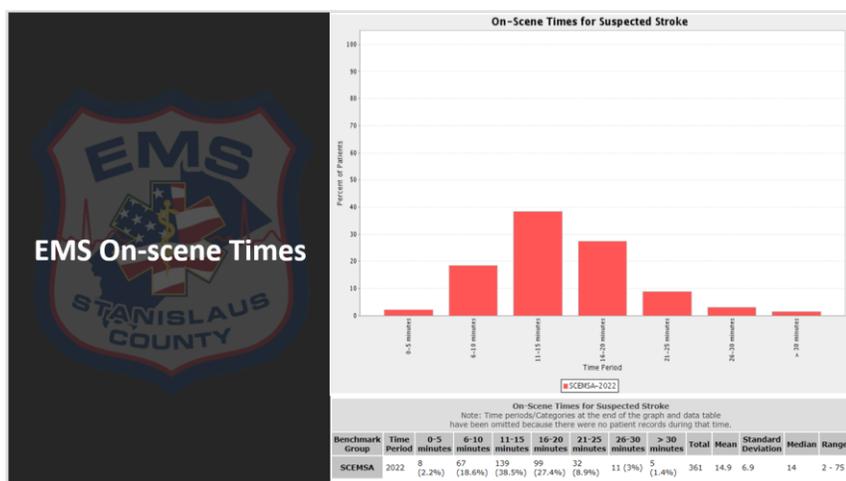
- See Appendix 1B. (520.20 Stroke Triage and Destination)

# Data Collection

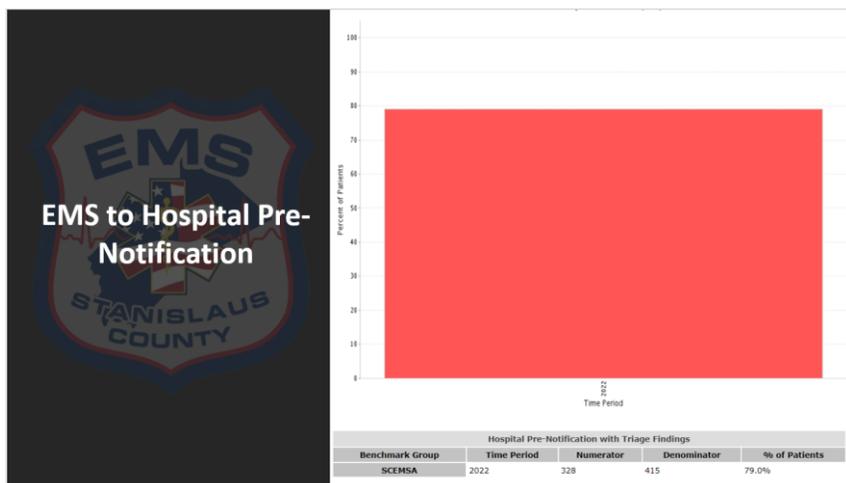
Data collection with regards to stroke systems of care in Stanislaus County is critical and thus requires significant attention from all stakeholders. Stanislaus County's regional stroke systems of care is still being developed and enhanced. The region's stroke system is still in its infancy, having only been formed in 2011. With the commitment from the 3 Stroke Centers, referral hospitals and EMS providers, the foundation has been laid for a robust Stroke system of Care. Stakeholder commitment to the quality improvement guided by verified data through Get with the Guidelines, will enable a strong, transparent QI program. Stanislaus County EMS Agency reviews data quarterly that includes patients with a diagnosis of, Acute Ischemic Stroke, Intracerebral Hemorrhage and Subarachnoid Hemorrhage at Regional Stroke meeting. The Regional Stroke committee uses a multidisciplinary approach comprised of EMS, Fire, and Designated Stroke Receiving Centers. The committee tracks and trends all the following Pre-Hospital and hospital stroke metrics, which consists of data from quarters 1 through 4 of the 2022 calendar year.

## Pre-Hospital Stroke Data Metrics

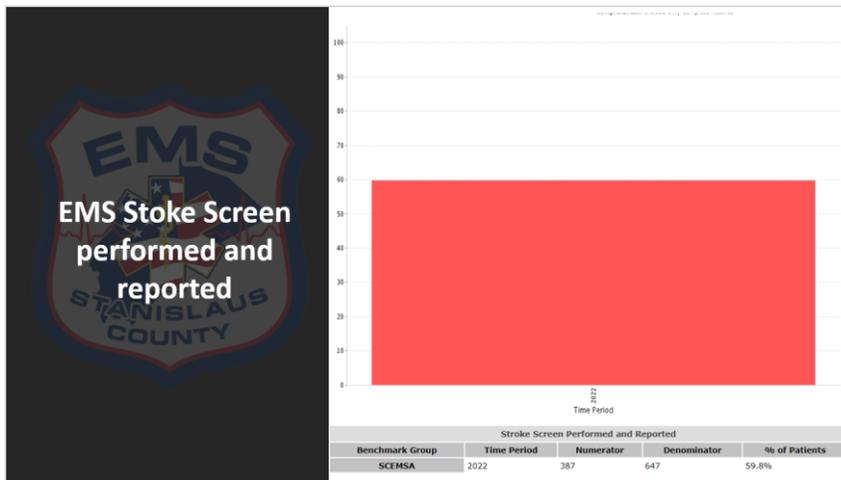
- EMS on scene times



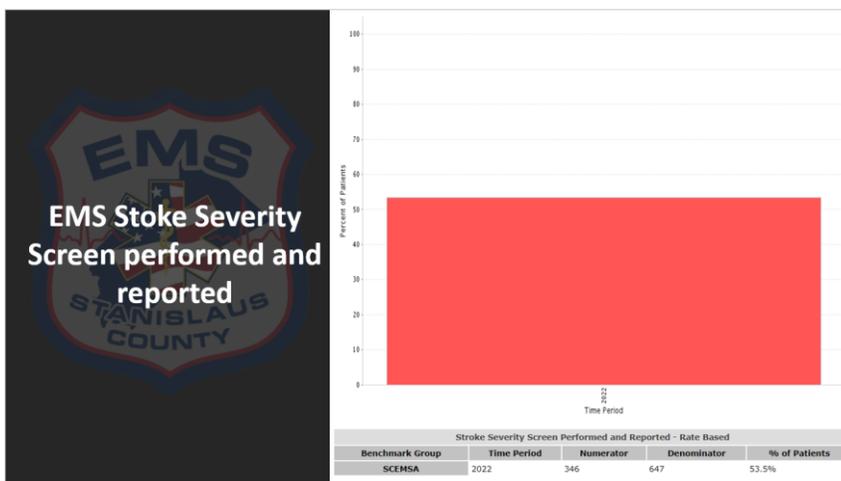
- Pre-Notification by EMS of suspected Stroke patient.



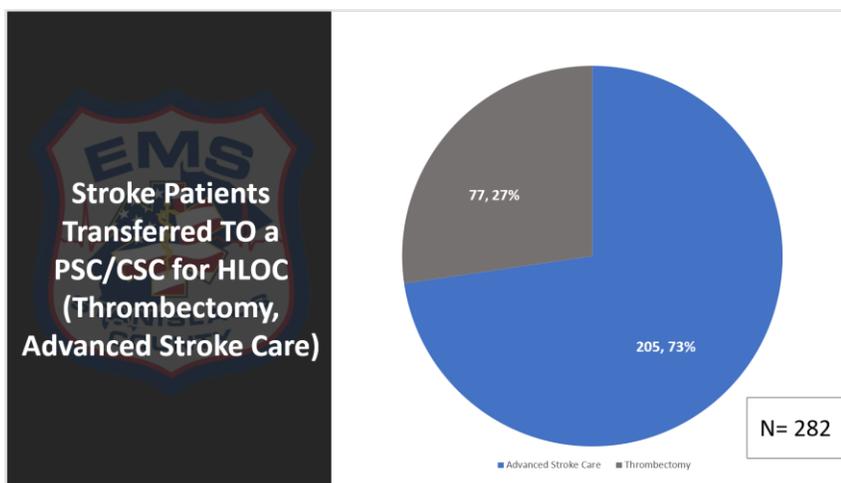
- Pre-hospital Stroke Screen performed and documented.



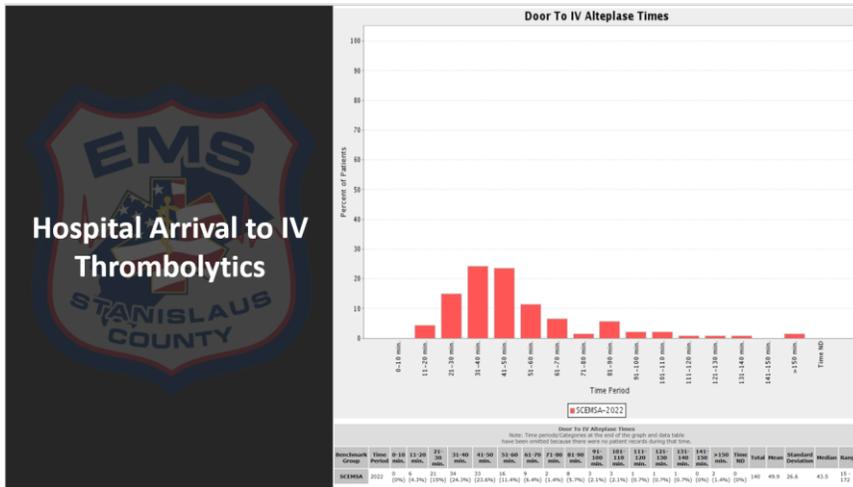
- EMS Stroke Severity Screen performed



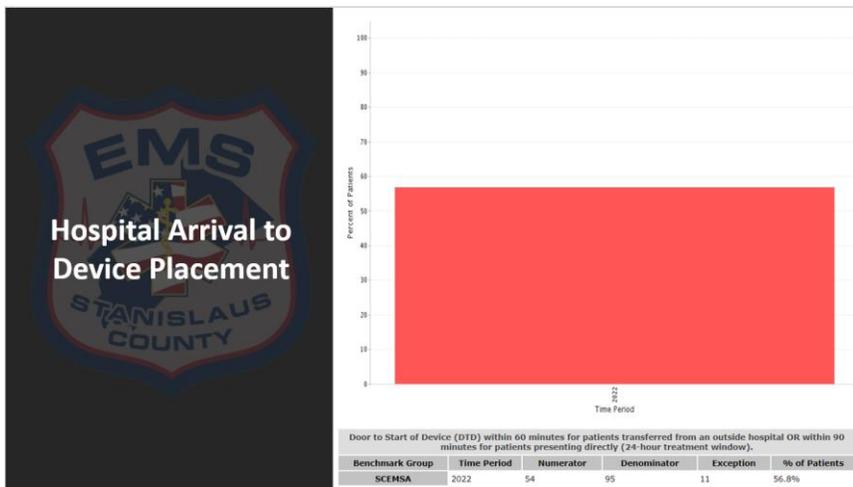
- Stroke Transfers sent to a Primary, or Comprehensive Stroke Center for Higher Level of Stroke Care.



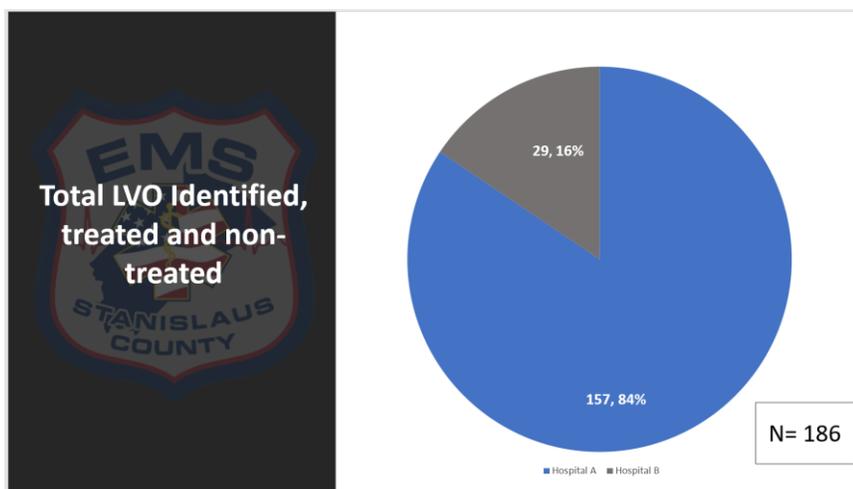
- Door to Thrombolytic times.



- Door to Device for Thrombectomy.



- Total Large Vessel Occlusions identified, both Treated, and Non-Treated.



# Inter-Facility Transfers

Within Stanislaus county, 3 of 5 receiving hospitals are currently certified by The Joint Commission as a Stroke Receiving Center. . Although infrequent, there may be times when a stroke patient needs to be transferred from one acute care facility to another. For this reason, Stroke Centers have plans developed that include:

- Pre-arranged agreements with stroke receiving hospitals (primary or comprehensive) for transfer of patients
- Pre-arranged agreements with EMS providers for rapid transport of patients who are eligible for time-sensitive treatments

Occasionally, patients may benefit by being transferred emergently from a non-stroke-receiving hospital to a stroke-receiving hospital, or from a stroke-receiving hospital with primary stroke center capabilities to a comprehensive stroke center or equivalent. In either case, emergency transfer protocols are in place, for an emergent interfacility transport.

Stanislaus County EMS Agency has a policy in place to provide guidelines for ambulance transport of patients between acute care hospitals. Policy 580.11; Ambulance Transfers; outlines transfer agreements, medical control, and levels of care to ensure that patient needs are being met while providing quality rapid transport to definitive treatment.

## **Policies related to ambulance transfers**

- See Appendix 1C. (580.11 Ambulance Transfers)

# Quality Improvement

## **Regional Stroke Committee**

Stanislaus County EMS Agency hosts a Regional Stroke Systems of Care meeting quarterly. This is a multi-disciplinary advisory group to the EMS Medical Director whose purpose is to review Stroke care and drive process changes. It is comprised of designated representatives from the EMS Agency, designated Stroke Receiving Centers, stroke referral hospitals, air ambulance providers and ALS ground provider agencies. This meeting links prehospital and hospital care to offer high-level overview and drives system change to improve the stroke care throughout the region and surrounding catchment areas.

Stanislaus County EMS Agency staff participate in the monthly stroke committee meetings held within each of our three designated Primary Stroke Centers. By participating in these monthly meetings, Stanislaus County EMS Agency can provide real-time case feedback and potential policy changes to each group more frequently.

## **Public Education:**

Public education is vitally important in the ongoing recognition and treatment of stroke patients. Many steps have been taken throughout the region to ensure the public is informed, educated, and prepared if such an event happens. Due to the COVID pandemic, and state mandated restrictions to social gatherings, public education could not be completed. We have resumed the planning for public education as of July 1, 2022, as the mandated COVID gathering restrictions have allowed. The following events are in the planning phase for implementation in 2023:

- Advanced Stroke Life Support classes
- Participation in Stroke awareness month of May
- Regional “Cardiovascular Conference” annually with a Stroke component
- Neuro symposium hosted annually by Doctors Medical Center of Modesto

# Appendices



# Stanislaus County

## Emergency Medical Services Agency

### 2022 EMS Plan Attestation

**RE:** Title 22, Div9, Ch4, Article 7, 100170(b) & (c) (2)  
Title 22, Div9, Ch8, Article 5, 100306  
CEMSIS Data – Selected Providers  
Medical Disasters

**Title 22, Div9, Ch4, Article 7, 100170(b) & (c) (2)**

Stanislaus County EMS Agency is compliant with California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7: 100170, Subsection (b) & (c) (2) regarding communications between service provider(s) and base hospital is addressed in Agency Policy 506.00 Base Hospital Criteria, Section IV, Subsection (D) (2) – Communications (Attached)

**Title 22, Div9, Ch8, Article 5, 100306**

Stanislaus County EMS Agency is compliant with California Code of Regulations, Title 22, Division 9, Chapter 8, Article 5: 100306, Subsection (d) regarding communications between EMS aircraft provider(s) with each portion of a flight request is addressed in the following Agency Policies:

- Policy 444.0 – EMS Aircraft On-Line Medical Control
- Policy 445.00 – EMS Aircraft Request and Cancellation
- Policy 446.00 – EMS Aircraft Provider Dispatch

**CEMSIS Data:**

Stanislaus County EMS Agency is aware of the multiple listed providers, not submitting data to CEMSIS, including: Denair Fire Department, Patterson City Fire Department, Stanislaus Sheriff Department, AmWest Ambulance, and CalStar.

- Stanislaus County EMS Agency is actively working with each provider, along with EMSA's EMS Systems Consultant to correct this and obtain submissions to CEMSIS.

**Medical Disaster:**

Stanislaus County EMS Agency is compliant with Health and Safety Code 1797.152 and 1797.153, in its full capacity regarding preparation for medical and health disaster plan, which includes all outlined functions (17) of the Medical Health Operational Area Coordinator (MHOAC). This compliance is more defined in our MHOAC Notification/Activation policy.

- Policy 951.00 – MHOAC Notification/Activation for Stanislaus County

I hereby certify that all information is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to the EMS plan.

**Signature:**   
Chad R. Braner, Director

**Date:** 7/17/2023